Oral Hygiene

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As I view it the phrase oral hygiene is a comprehensive one, broader in its application than many seem to think. Any hygienic state of the oral cavity is dependent upon numerous co-related conditions. Anatomically abnormal teeth, mal occlusion, caries, and inflammation or other pathological conditions of the nares or oral osseous or soft tissues may be contributing factors to an unhygienic condition of the mouth as certainly as a lack of oral cleanliness due to the neglect of the patient.

The problem of mouth hygiene is one of the most important in the whole field of public health. Recent findings convince one more and more of the close and intimate relationship of unhealthy teeth and gums to maimed crippled bodies. As the vital relationship of sound teeth, clean mouths and healthy gums to health is better understood the importance of preventive dentistry assumes ever-widening circles of influence. We must prevent a repetition of the present dental conditions in the coming generation, because nothing is of more importance to a community than the health of its people.

To-day the principal point in a scientific discussion of any subject is the question: Can the trouble under consideration be avoided? In the case of oral sepsis we are able to answer that question in the affirmative, which brings the important propaganda of mouth hygiene to the fore. In these times of prophylactic treatment the hygiene of the mouth certainly plays a most important role, particularly as regards the growing generation, the children, and the teaching that caring for the teeth and gums is just as important as caring for other parts of the body is of the greatest value in our schools, hospitals and dispensaries.

Remembering that in every act of inspiration taken through the mouth the air that flows to the aveoli of the lungs first passes over the jaws, the teeth and the gums: remembering, further, that the saliva and masticated food enter the stomach, where a tendency towards multiplication of certain bacteria exists, it stands to reason that oral health and cleanliness in the young must act as one of the most efficient preventatives of oral sepsis in the adult.

Statistics are procurable to show that one quarter of us have septic mouths at twenty-five years of age, at forty-five nearly 90% are septic, and after fifty practically all mouths are septic. However, the world, with our country in the foreground, is on the highway to improving conditions in oral hygiene.

Let us take into consideration primarily the oral condition of the child. The question of food deficiencies looms higher and higher every time we give dental caries serious thought. Not only dental caries, but many other diseases owe their start to food deficiency. It has long been observed that many of the weak spots in teeth which are attacked by micro-organisms are really formed in embryo. As you know, the early start of the human tooth really comes from the epihactic layer of the blastoderm; in other words the enamel is of external origin. The teeth are therefore dermal appendages. Is it not possible that mothers while child-bearing are deprived of No. 3 Vitamin, thus producing a mild form of scurvy which causes the ameloblasts to be of an inferior quality and never to become properly calcified? Therefore, the proper feeding of the mother during pregnancy is most important. When a child is born it is imperative that a dietary containing all vitamins be used.

Granted that it is the duty of every true mother to feed her child at breast, she should see that she takes those foods which are rich in vitamins. Especially fruit, because it contains

the vitamin which plays such an important part in the formation of good enamel cells. In your rounds of duty, therefore, you have a wonderful field for cultivation and no easy task to perform. Primarily, the prospective mother should excite your most particular interest and receive your most personal consideration.

The fact that the condition of a child's mouth will have an important bearing on the condition of his health is recognized more and more every day by the medical and dental professions, but it must also be recognized by the parents if the children of coming generations are to be started out in life with that greatest of all assets, good health.

I had in my practice two little girls of the same age, the same height, and attending the same school, but one of them had a very septic mouth, her teeth were broken down, decayed and abscessed, and she weighed thirteen pounds less than the other girl. She was under-nourished, anæmic, thin and weak, and was two grades behind her in school. This was a terrible handicap with which to start a child in life.

This little girl's teeth were not cared for in time mainly because someone had told her mother they were baby teeth and would soon fall out. This is one of the most erroneous and destructive ideas we have to contend against, and children have probably been caused more suffering and ill-health by reason of it than all other diseases combined.

Nature gives the child these temporrary or baby teeth to serve him during the first twelve years of life. The first erupts at approximately eight or nine months, and the last in about two years, and from the moment that the first tooth appears until the day the last one is lost they should receive just as much care and attention as the permanent ones do later in life, for these baby teeth perform not one but many functions: They enable the child to chew his food properly during the formative period of his life, their roots act as guides for the permanent teeth underneath, and they aid in the normal development of the dental arch, the growth of the bones in the roof of the mouth, the floor of the nose, and also assist in the normal development of the face.

If one of these baby teeth is allowed to decay, disastrous results quickly follow. The tooth becomes hollowed out, cup-shaped, food lodges there and quickly sours, forming an ideal breeding-place for more bacteria. Soon the tooth becomes sore to chew upon, the child favours this tooth and chews upon the other side. The teeth on the favoured side being deprived of the natural cleansing of the foods passing over them during the process of mastication soon become coated with filth and fall an easy prey to the bacteria of decay. Soon the pulp or nerve dies in the first decayed tooth, the gum or perhaps the whole side of the face becomes swollen and extremely painful, and there is no relief until the abscess breaks on the side of the gum, releasing the imprisoned pus into the mouth to be taken into the stomach along with mouthfuls of half-chewed food mixed with remnants of decayed food from previous meals which have lodged in the cavities of the other teeth. Is it any wonder that the over-worked stomach finally rebels and refuses to try to digest this mass which is sent down to it? The child, heretofore strong and healthy, begins to lose interest in his work and play, becomes listless and indifferent: the red cheeks of good health soon fade and he loses his appetite entirely. He becomes not only a worry to his parents but a burden to the tax-payer, for he generally fails to pass his grade and becomes a repeater.

This change from health to sickness is taking place every day in our schools in an appalling number of cases, and when we read the results of school inspection reports from all over the country showing that from 85% to 97% of the children are afflicted with decayed teeth it is surely high time that parents investigated the condition of their children's mouths. I have seen children with mouths in which every baby tooth had decay, and a large number of them abscessed at four years. The parents them-

selves would not tolerate such a condition in their own mouths, and yet they allow the first twelve years of their child's life to be burdened with this filthy and repugnant condition, and wonder, too, what can be the matter with him. The majority of these conditions could have been prevented had the baby teeth been cared for and the child trained to use his tooth brush.

We are all very careful that the food our children eat is clean; it must be washed after being handled by the peddler or merchant; we carefully wash our dishes after each meal, so that there will be no particle of old food left on them, which, taken into the stomach, might make the child sick; then the child sits at the table and puts that clean food from a clean plate into a mouth so vile and filthy from decayed teeth that not one particle of that food reaches the stomach uncontaminated. Surely, we are a marvelous people, for apparently we build our lives on the theory that what we do not see will not hurt us! Demanding that our children wash their faces carefully, but neglecting the much more important requirement of oral hygiene.

In order to prove definitely the value of education and prevention it was necessary to have data of the condition of the mouths of children in a higher grade who never had the advantage of prophylactic treatments, tooth brush drills and education in mouth hygiene. The children of the fifth grade were chosen as the control class and this report represents the comparison of their mouth conditions with the present fifth graders who have had mouth hygiene for the first five years of their school life.

In giving these figures it is not my expectation to make a startling reduction in the percentage of dental decay, the main object being to show the pernicious conditions prevailing among school children and to prove the value of prevention and education in mouth hygiene.

The demonstration was conducted in thirty schools of Bridgeport, Conn., and last year 20,000 individual children received this treatment and education.

The following is the percentage reduction of cavities in the permanent teeth of the fifth graders in these schools:

The highest showed a reduction of 67%.

Five more showed over 57% reduction.

Two more, over 50% reduction.

Three more, over 40%.

So on down the list to one school showing a reduction of only 10%.

The elimination of dental decay is dependent upon other conditions than cleanliness of mouth. The most important factor is that of diet, and co-operation in this matter can be secured only after many years of education. The education of mothers regarding the feeding of children after they reach an age when milk does not meet the requirements of the body is very essential, but it is necessarily slow and little co-operation can be secured at this time. Another important factor would be the elimination of free sugar from the diet. This seems radical to the vast majority of our people, who consume 90 lbs. of sugar per capita a year and look upon it as a food and a necessary part of the diet. This is an erroneous idea, since nature has provided all the sugar that the body requires in various common foods, as milk, fruits and some of the vegetables. It is not hard to imagine that avery large percentage of children are constantly labouring under a handicap of faulty feeding, which in turn produces a long line of other handicaps, such as mal-formed jaws, decayed teeth, under-development, mal-nutrition, while the most normal conditions could be secured by correct diet and cleanliness.

The forms of communicable diseases where mouth hygiene could play an important part for prevention are those which involve the respiratory tract or find ingress to the body through the mucous membrane lining the mouth, throat and nares. The resistance to bacterial invasion may not be determined entirely by the contents of the blood but by the tone

and resistance of the cells of the individual tissues on which the bacteria may lodge temporarily. One bacterium does not produce a disease. It is only when the environment proves favourable for their propagation and the production of large numbers that infection occurs.

Any continuous effort that has for its object the removal of dead animal and vegetable matter, such as food debris, from all the surfaces of all the teeth, the stimulating and keeping up of the tone of the membrane lining the mouth and the reducing of the number of bacteria in the mouth to a minimum, must act as a powerful preventive by aiding the tonsils, the soft palate and the pharynx to maintain a normal and healthful condition.

Conversely, those mouths which are neglected and contain decayed teeth with decomposing food, red and congested gums, enlarged tonsils and a palate and pharnyx covered by an irritated and partly congested mucous membrane present an ideal field for the lodgment and incubation of the pathogens. How much of the communicable diseases that gain ingress through the mouth will finally be eliminated from child life is still a question, but all evidence seems to show that a clean mouth with sound teeth is one of the most important factors for prevention.

For years the dental profession has appreciated the toxic influence on the system of unsanitary mouths and the dangers presented to the individual by such mouths incubating hundreds of millions of bacteria. It has been apparent that among adults infections of the system were taking place around the necks of the teeth through the inflamed and diseased tissues which support the teeth. In pyorrhoea, alveolaris in the advanced stage, we have the roots of the teeth practically bathed in pus. Pressure from the root towards the crown of the tooth brings forth large globules of pus, and when you remember that there are thirty-two teeth in the mouth of an adult you can readily understand what condition the food is in during the process of mastication, leaving out the other hours of day and night that this exudation is going on. The quantities around each tooth may not be large, but taking the aggregate number of teeth in the individual and considering that the infection has been present for a number of years, is it not understandable these individuals suffer from general pathological conditions of all kinds?

But it was not until the X-Ray revealed the infected areas at the ends of the roots that we began to appreciate to the utmost the seriousness of neglected mouths and pulpless teeth.

Here we become mainly concerned with the organisms occurring in dental infections, the absorption of which or their toxins give rise to general disease. There seems to be no doubt that it is the streptococcal infections which are almost entirely responsible.

The streptococci found in mouth infections are usually classified into three groups, from their behaviour when grown on a media containing blood: The Haemolytic group; the Viridans group; the Indifferent group.

(1) The Haemolytic group cause severe toxemia and are found present in the anaemias resulting from dental sepsis.

(2) The Viridans group includes those streptococci which are associated with rheumatic affections.

(3) The Indifferent group or staphylococci, not usually ound in dental infections, but may often be found in the post-nasal space.

In the infections of the teeth and gums the same streptococci are not necessarily found in different cases, nor can the local disease be constantly transmitted from an infected patient by the inoculation of the healthy gums of another person. So that Koch's postulates of a specific infection are not satisfied. The organisms are variable and the infection may be a mixed one, so that the problem of dental sepsis is a complicated one.

In my opinion the periapical bone infections are much the most serious lesions found in connection with dental sepsis, and it is these which give rise to the most serious general disease resulting therefrom. From these lesions

there is a constant flow into the blood-stream of either virulent streptococci or their toxins.

The amount of toxins absorbed into the circulation from a septic mouth is an important factor. Everyone of you who is familiar with hospital practice has been impressed by the appalling dental sepsis observable to the naked eye in patients. Is it not reasonable to suppose that the removal of some portion of these toxins becomes a duty which you as nurses must find imperative for the health of your patient or patients in charge? The strict observance of the frequent use of the tooth-brush after meals, followed by a suitable mouth wash, will do much to remove some of the toxins and assist materially in raising the standard of health in your patient or patients, regardless of what pathological condition they are suffering from.

The prevalence of diseased teeth and unhealthy gums in the general population, particularly in the case of individuals suffering from chronic diseases, has been dwelt upon. Investigators in the field of focal infection have unearthed a wealth of interesting and valuable material. That the relation of poor mouth hygiene and dental infections to tuberculosis has until recently received but scant attention is, in view of our experience, not due to the freedom of the tuberculous from these and allied affections, but rather to the fact that well-organized dental departments in sanatoria and hospitals have been until recently almost unknown.

It is generally assumed as far as concerns the lungs, which are the most frequent site of tuberculosis, that infection is direct, the tubercle bacilli gaining access to the parenchyma of the lungs by way of the respiratory passages. On the other hand, it is still a debated question as to whether many infections do not occur as a result of the migration of these bacteria from an infected oral cavity. Moreover, there is reason to believe, in the light of our present-day knowledge of focal infection, that an unclean mouth with possible foci of infection may so lower the body resistance as to make possible the active infection of the lungs or other sites with the tubercle bacilli derived either from without or from within recently dormant processes.

The importance of correcting the dental defects and removing all possible foci of infection from the mouths of the tuberculous becomes more apparent daily. These conditions may seem unimportant as compared with the general condition of the patient, but from the point of view of prophylaxis, ability to consume a beneficial diet, the patient's happiness and comfort, the possibility of recovery and also from the standpoint of concurrent infections they matter profoundly.

In order to take care of this important work dentists are being installed in the leading sanatoria for tuberculosis.

Undeniably, the question of oral hygiene is one of the most important before the public to-day.

The present knowledge of focal infection has placed upon the shoulders of every dentist a great responsibility: it is requiring him to make almost daily decisions in matters of policy.

Oral hygiene has its individual, its municipal, its provincial and its national relationship. It has recently become a subject for national consideration in England as a result of the experience of the British forces during the war, in which the need for careful attention to the mouth became one of the serious problems in maintaining the health of their Forces. Their experience at that time forced the problem to become a national question, articulated with the health administration. There has been appointed a commission to look after the dental side of the matter in Great Britain, with an officer who is in effect a special minister of dental health. It is a problem that is universal in its application, for it applies fundamentally to the question of the bodily health of the individual and that of the general public. It is a problem that belongs to all of us.

(An address given before the Saskatchewan Registered Nurses' Association in annual meeting, April, 1926.)

Editorial

Graduation

During the spring and early summer months many of our student-nurses are graduating and receiving the long-hoped-for diploma—possibly receiving prizes, and being entertained and fêted by hospital boards, classes, and alumnae associations.

In addition to all the pleasant excitement comes the task of writing on provincial examinations for registration. No doubt many will find that a strenuous performance. Some nurses graduating will no doubt be glad to throw off the restraint of hospital discipline and will rejoice in the freedom of being able to do as they wish. The number in this class is negligible. We believe the majority graduating will feel keenly the parting from their alma mater and their classmates. We trust that they may be able to fulfil the ideals of our profession, which means service faithfully and gladly rendered.

Those who are graduating in the present day have wonderful advantages and opportunities that older members were not privileged to have. Twenty-five years ago institutional positions and private duty nursing covered practically the nurse's field of activities. Today our nurses are expected to be able to take their places not only as private duty and institutional nurses, but as professors in colleges, instructors in training schools, superintendents of hospitals and training schools, specialists in public health work in many departments, such as social service, child welfare and pre-natal nursing, industrial nursing, school nursing, and tuberculosis nursing. Nurses are also expected to be technicians. In fact, nursing activities in some form have entered very largely into the complete life of the present day. Modern medicine is becoming more and more associated with preventive medicine. The prevention of disease rather than the treatment looms larger in the medical mind.

We would invite all nurses graduating to become members of their alumnae and local associations, as well as to subscribe for The Canadian Nurse magazine. By becoming identified with the nursing organizations we feel that we can give help and encouragement to the young graduates, but most of all we need their fresh enthusiasm.

We realize the keynote of the present age is discontent. There is a spirit of restlessness abroad in the world and our profession has not escaped from its influence. There is a fussy discontent that never finds anything satisfactory, but a well-disciplined discontent has much to do with the development of social and industrial life and means progress. We are passing through that transition stage in the developing of nursing education and conducting of training schools. We feel much progress is being made, and we look to the new graduates to make an important contribution to the work that lies ahead.

The strength of our profession depends on the loyalty and support of every member. Its keynote is **service**, and service freely given brings happiness. We cannot bring sunshine into the lives of others and keep it from ourselves.

Hospital Day Commemorates the Birth of Florence Nightingale

Hospital Day is now an established institution in this country. As it becomes a tradition, we must not forget its origin. Even now, it is doubtful if it is generally known that May 12th was chosen as Hospital Day to commemorate the birthday of Florence Nightingale. Although the name of the founder of trained nursing is on the lips of all those who make graduation addresses, it might be well for nurses to review the main facts of her life.

It was on May 12, 1820, while her parents were sojourning in Southern Europe, that Florence Nightingale was born at the Italian City of Florence, for which she was named. She was one of two daughters of a wealthy English couple of assured social position. Her mother was generous in philanthropy, so that the admirable qualities of charity and gentleness which were later to develop into such magnitude in Florence Nightingale's character were a not unnatural heritage.

Except for occasional short trips to the Continent, she passed her childhood in England, and it is more than possible that the well-known beauty of her father's estates, Lea Hurst, in Derbyshire, and Embley, in Surrey, on which she lived, exerted an influence in the moulding of her character. She was a healthy child, fond of play, and not entirely without the ordinary unregenerate impulse of childhood toward her governess. Early in her life she demonstrated her abounding sympathy and instinct to help the suffering by the care she lavished upon any playmate or pet who became injured or ill. On the whole, she was serious minded, and possessed of a shyness that almost amounted to self-consciousness.

Her father was advanced beyond the beliefs of the parents of his day, in that he was convinced that women were entitled as much as men to the privileges of higher education. The earlier education of his daughters had been in the hands of governesses, but as they reached girlhood he took to himself the task of teaching them modern languages, the classics, European and constitutional history and higher mathematics. Florence proved herself an ardent and painstaking student, with a quick, keen perception which could have been nothing other than the foundation of the genius for organizing that she showed later in life.

In her writings she has said that from her early youth she had in her heart a strong desire to alleviate suffering. Not until she was 25 years of age, however, did this desire crystallize into the resolution to take nursing as a vocation, but all her arguments and pleadings could not secure the consent of her parents. At that time young ladies of her standing never ventured from the home fireside, except upon marriage, and her parents would not countenance any other course on the part of their daughter. Her sister, too, was adamant and, with her mother, engineered trips abroad in an effort to effect a change in Florence's ambitions.

During these trips Florence and her sister, both pretty and accomplished, were welcome visitors to the exclusive salons of Europe, and neither lacked offers of marriage. She was no sad-eyed ascetic; she entered with zeal the gayety of the life about her, but she retained the same strong desire for the vocation which she felt was her own.

It was during her return from a trip to Egypt and Greece that, on July 31, 1850, she visited the goal of her desires—the Deaconesses' Institute at Kaiserwerth, Germany. This was a Protestant Sisterhood, whose members had taken no vows,

but who had enrolled themselves under Pastor Fliedner and his wife, caring for the sick, poor and discharged prisoners and educating orphans. She spent two weeks at the institute, then passed on to England. The sojourn must have strengthened her arguments to her parents for in the next summer, 1851, she returned, with the consent of her parents, for three months' training .

In February, 1853, she went to Paris and worked with Les Soeurs de la Providence, and in July of that year accepted her first post as Superintendent of the Sick Governesses' Home in Harley Street, London.

It was not until after the Battle of Alma, on September 20, 1854, that she looked toward Crimea. The English public accepted philosophically the news of the great losses sustained by the British forces that day in battle, but not so the reports which reached the homeland concerning the terrible neglect and disease rampant among the hosts of wounded. The stories of the complete lack of sanitation among the troops and of the ravages being made by the cholera and Crimean fever brought forth a great public outcry, and strong demand was made upon the authorities for a betterment of conditions. On October 12 more revelations were made in a despatch from The London Times correspondent in Crimea. The public indignation thus raised prompted the War Office to write Miss Nightingale, asking her to head a band of nurses to the Crimea. The War Office letter and a letter which she had written, asking for permission to take a number of nurses to the Black Sea, crossed each other in the mails.

Thus it was that on October 21 Miss Nightingale sailed for the Crimea at the head of a company of 38 nurses, 24 of whom were Roman Catholic or Anglican Sisters and the rest untrained. On November 4, 1854, they landed at Scutari to find the two hospitals there, the General and the Barracks, filled to overflowing with the wounded from the Battle of Balaclava on Oct. 25 and the Battle of Inkerman on Nov. 3. On Nov. 14 Miss Nightingale wrote that there were 1,715 sick and wounded in the Barracks Hospital, 120 being cholera cases, and in the General 650 patients. There was "not a basin or a towel or a piece of soap or a broom" in the establishment, she wrote, and her first requisition was for 300 scrubbing brushes. The patients' linen had not been washed, and their bedding was only rinsed in cold water. Miss Nightingale at once secured a Turkish house, and started the soldiers' wives at the washing.

From the start, she made her presence felt by those above and below her. She had found that the stories circulated in England were true, that the men were dirty, only half-clothed and fed by a miserable system. These conditions she at once set herself to overcome. The hospitals and those in them were the victims of gross maladministration, brought about through the absence of any central authority, of amazing ignorance of military hygiene, a lack of capacity on the part of many of the officials, and, above all, the want of a woman's touch. That last, the members of the little band supplied; the other difficulties their gifted leader, by her tact and courage, her judgment and her firm resolution to meet all exigencies, succeeded in overcoming.

Her willing sympathy and understanding endeared her to the men. The story is related that one night five of the soldiers were declared by the surgeons to be "too far gone to operate on." "Will you give them to me to do as I like with?" asked Miss Nightingale. With a cynical wave of his hand the surgeon assented. Miss Nightingale took the men, bathed their wounds and sat up all night tending them. In the morning, it was a surprised surgeon who examined the soldiers

and found that they were fit to go on the operating table.

In her struggles for improved conditions for the soldier-patients she had the support of Lord Herbert, a member of the War Office Staff, with whom she had formed a lasting friendship some years previously. The Queen, too, hearing in England of the wonderful accomplishments of this head nurse, was always willing to intercede in her behalf. It cannot be said, therefore, that Miss Nightingale was without influence, but what warmed the hearts of the wounded men was that she never hesitated to use the power that lay in her hand. Her days, it is said, were spent in tending the wounded, her nights in writing letters to England.

Across the Black Sea, in the Crimea, were several other British military hospitals and to these Miss Nightingale decided to go in the spring of 1855. Conditions there were not a great deal better than at Scutari, she found. She threw herself into the work of this new field, but a tired overworked body rebelled and a few months later she was stricken with Crimean fever.

A long, severe illness followed, during which it was only her indomitable spirit that kept her alive.

More than once her death was thought imminent and it was a relieved England that heard, finally, that she was on the road to recovery. Her work had attracted widespread attention, which was capped by a public meeting held in London. As a national tribute to her achievements, the meeting founded the Nightingale Fund, the purpose of which was "to enable Miss Nightingale to establish and control an institute for the training, sustenance and protection of nurses, paid and unpaid."

The severity of her long siege of sickness made her a lifelong invalid. She did not return to England until August 4, 1856, four months after the declaration of peace. Her natural shyness and detestation of the spotlight of public acclaim was demonstrated during her return journey by her registration as "Miss Smith" at Paris. Despite her own feelings in the matter, however, the nation's intense gratitude would not allow her to escape publicity, and the press was full of tribute to her. On August 23 she appeared, by command, before Queen Victoria and the Prince Consort, discussing with them her experiences in the Crimea and the remedies she advocated. The Prince Consort's mention of her in letters written afterward showed how greatly he had been impressed by the interview.

Commission Appointed

It was following this interview that a Royal Commission, with Lord Herbert as Chairman, was appointed to investigate the hospital and barrack conditions in Crimea. Miss Nightingale wrote a report, "Notes Affecting the Health, Efficiency and Hospital Adminstration of the British Army," which showed her intimate knowledge of hospital construction and administration.

The Royal Commission afterward reported recommendations which were later adopted, with the results: (1) Better barrack accommodation and military hospital construction; (2) revision of army medical statistics and the establishment of British Army statistics on a higher plane at that time than any other country in the world; (3) the founding of the Army Medical School and the Royal Medical College; (4) the formulation of a code to regulate the relative duties of regimental medical officers; (5) the organization of the detail of the internal administration of military and other hospitals.

Miss Nightingale's doctrine of nursing was that attention should be paid primarily to the proper use of fresh air, light, warmth, cleanliness, quiet, and the selection and adminis-

tration of diet. All these precepts should be followed, she repeatedly declared, with the patient expending a minimum of vital force. She closely followed all the later improvements in sanitation, and was frequently consulted about hospital plans both in Great Britain and abroad. With the help of the County Council Technical Instruction Committee, she organized in 1892 a health crusade in Buckinghamshire. Teachers were sent among the cottagers to give practical advice on such points as ventilation, drainage, disinfectants, and cleanliness.

In 1907 she received the Order of Merit from King Edward VII., being the only woman who ever held this honour. For several years before her death in London on August 13, 1910, she was crippled, but she retained her interest in health matters until the end. Longfellow has made her the subject of a beautiful poem. "Santa Filomena."

Ottawa—The Capital

The city of Ottawa has made phenomenal strides in the last few years. It is beyond doubt an admirably situated Capital. Standing on a high and imposing bluff, where the picturesque Rideau and the capricious Gatineau rivers join the waters of the majestic Ottawa, it makes a truly impressive and ideal site for the seat of government. The new and pretty pile of stone which gives stateliness to the beautiful Parliament Buildings and fine departmental blocks crowning the highest part of the city are at once the wonder and admiration of all.

An observing visitor coming to Ottawa will at first sight be favourably impressed with the beauty of its setting and the richness of charm within its borders. With the single exception of Quebec, Ottawa is undoubtedly the most beautifully located city in Canada. The mountains, the rivers, the waterfalls and other scenery of varied character as seen from Parliament Hill, Nepean Point, Rockcliffe and many other outlooks, charm the lover of nature as do few spots on this continent. To the natural beauty has been added much attractiveness through various public agencies, or private endeavour. No other city in the Dominion enjoys the favour of a government supported Improvement Commission. Only the Capital can have this great advantage.

Over three hundred years ago Champlain made his first voyage up the Ottawa, leaving what is now Montreal, with a party of Indians in the hope of discovering the Western Sea, the way to China; but it was not till 1826 that the city had its real beginning. The war of 1812 had demonstrated the necessity of an interior line of communication, and after mature consideration, the Imperial government decided to construct a canal, at first for military purposes, connecting the Ottawa with Lake Ontario at Kingston, a distance of 126 miles. Colonel By, of the Royal Engineers, came from England to take special charge of this important undertaking, and built rude frame barracks for his men where the Parliament Buildings now rear their imposing structures. A residence for himself he had erected in what is now Major Hill Park. This was the nucleus of the city. In 1827 the Village of Bytown was incorporated. In 1828 this village had grown to include over 100 houses. The first church, now St. Andrew's, was erected in that year. The canal was finished in 1832, and gave a waterway for the trade between

Upper and Lower Canada. In 1847 the village was incorporated as a town, and later, on December 18, 1854, the City of Ottawa was incorporated, taking as its motto the pregnant word, "Advance." Her Majesty, the late Queen Victoria, selected Ottawa as the Capital of the Dominion in 1857, and in 1859 the Parliament of Canada ratified the Queen's judicious choice after a stormy debate. In 1860 His Majesty, the late King Edward VII, then Prince of Wales, laid the cornerstone of the Parliament Buildings, and on July 1st, 1867, the flag of the Dominion floated from the central tower. The first session of Parliament was opened on June 8th, 1866, and during that session the grand project of Confederation was matured, and on the 1st of July. 1867, the birthday of the new Dominion was duly celebrated. At Confederation the population of Ottawa was barely 18,700, while today it is about 127,000, with an assessment valuation of $120,878,899. This is indeed a prodigious growth and development.

Educational Progress

The facilities for educational purposes have grown with the times. This is why the Capital excels in this particular branch as in several others. In 1872 there were but four public schools with twenty-five teachers and 1,993 pupils. Today there are twenty-three public schools with 263 teachers and 9,382 pupils. The school studies include kindergartens for the little ones, manual training for the boys and domestic science for the girls.

The Separate Schools, as the Roman Catholic schools are called, have both French and English sections. These schools have also gone ahead and educate about 8,000 children yearly.

Then there are the Normal and Model schools, which are undenominational. The Collegiate Institute is the next step in the educational systems. The Normal School was founded in 1875, and in 1881 the Model School was added. As a usual thing, 150 teachers graduate from the Normal School every year. Since 1917, a well-equipped Technical School has been established by the Collegiate Institute Board and which has already been most successful—indeed of great service to Ottawa. It is mainly supported by the Ontario Provincial Government and local funds. Scholarships in cash have been provided and are being awarded.

The University of Ottawa is also a credit to educational endeavour. The imposing buildings on Laurier avenue east are being added to each year and form one of the beauty spots of the Capital. La Salle Academy also plays an important part in the educational life of the city. This school is devoted to the higher education of the French Catholic youth.

As it is easily seen Ottawa offers unique and exceptional advantages in its educational institutions. For three-quarters of a century it has maintained schools which may claim a large share in the growth and increasing importance of the city. Their standing has earned the unstinted praise of inspectors. Their influence extends to every sphere of professional, industrial and home life of the country. The Ottawa schools stand unsurpassed in the instruction provided in the most modern well-equipped buildings in the province.

Ottawa is essentially a city of homes and churches. Its environment is especially conducive to study under the most congenial conditions. Fine modern buildings, well situated in quiet neighbourhoods amid healthful surroundings, with excellent facilities for games and outdoor sports, with courses of study to meet the demands of modern conditions, all lend themselves toward

making Ottawa an educational as well as a political centre. The presence of the Dominion Government is an additional incentive to attract students. The sessions of Parliament afford an exceptional opportunity to hear debates on vital subjects affecting the well-being of the country, and to see history in the making. The archives with their rich store of historical data offer a veritable treasure house to the student in original research work. The Parliamentary and the City libraries and the Victoria museum give unquestionable advantages to the student.

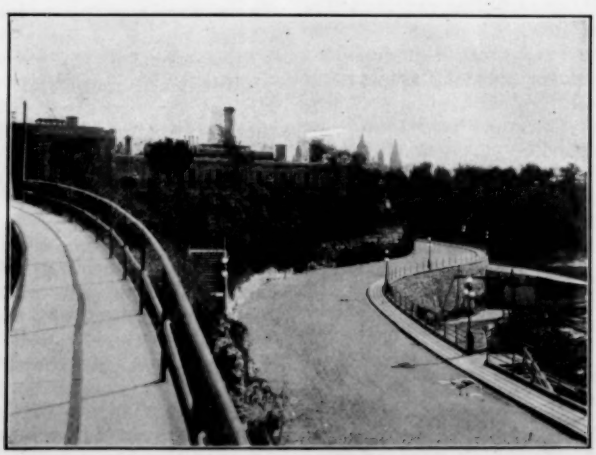
Ottawa is not only the political, but, in many respects, it is also the intellectual centre of the Dominion. This is not to be wondered at, as the Federal Civil Service requires the employment of many specialists. A most important branch of the public service, though one which is very seldom heard of, is the Canadian Archives.

During the present year the Centenary of the foundation of what is now known as the City of Ottawa will occur. A celebration in keeping with such an historic occasion has been planned for the week of August 15th. The main features of this varied celebration are (a) Official opening on Parliament Hill which will assume a national character, (b) Western Stampede, (c) Unveiling of Cornerstone of Colonel By Memorial, (d) Inauguration of work of completion of Driveway and Plaza, (e) Historical pageant, (f) Mardi Gras followed by a Monster closing celebration at Lansdowne Park.

It is expected that the Carillon of Bells for the tower of the House of Commons will be placed in position during this celebration.

The General Biennial Meeting of the Canadian Nurses Association

Ottawa, August 23-27, 1926



LADY GRAY DRIVE, OTTAWA

Lasting Impressions of the International Congress of Nurses

By Mrs. H. M. F. BOWMAN, Toronto

The readers of The Canadian Nurse have read much, as well as heard much of far-away Finland in the past two years or more, yet perhaps not so much of the Congress of Nurses held in that wonderfully beautiful old city of Helsingfors last July.

In trying to get down to some lasting impressions of the Congress, I must first clear my way mentally in getting to Helsingfors—for a picture rises up before me, which made a very lasting impression on me, that was the journey on that ideal voyage of forty-eight hours on the beautiful blue Baltic from Stettin to Helsingfors—ideal, both day and night, for the day ran far into the night, without seeming sunset. We were on board a beautiful, quaint, little boat, the "Ariadne," with perfect accommodation. It was the Congress boat, and the Captain, by his kindly courtesy, made everyone on board happy. Special music had been planned for the occasion by a splendid orchestra brought from Helsingfors. We listened and enjoyed it thoroughly. There seemed to be no going down of the sun, but a haze of indescribable pink, gold and blue, both of sky and sea, which lasted until dawn.

As we were drawing near Helsingfors our boat passed through many small islands, thickly wooded, adding restful variety to the scenery. As the harbour was approached, one found the island-studded waters an excellent place for yachting and aquatic sports. One of the larger islands has a Yacht Club and a fashionable restaurant on it. The sky line itself is punctuated with numerous spires and towers of wonderful old buildings.

The city's harbour is protected by a ring of outlying islands, flanked by public parks, one containing a large observatory. There is also seen distinctly the Cathedral of St. Nicholas, in which the Congress heard one of the most impressive services that it was ever the privilege of nurses to listen to. Outstanding in this was the fact that the Bishop of Finland gave the service in English, the first time for him and the first time that English was ever spoken in the Cathedral.

The second impression was the unusually well-trained choir of nurses which rendered the musical part of the service. The text that the Bishop took was 1 Corinthians 13:3-8, the substance of his remarks is well worth repeating here. He emphasized that love is of God. Also that it is not the peace of calm resignation, but the peace of God which is good. He said further, that not every profession can be sanctified as a vocation, but the calling of a nurse stands on that level, and that when a nurse devotes herself to this service of divine humanity, this work cannot be done with hard calculation. This is what we remembered of the part of the Congress which took place in St. Nicholas Church.

There was also clearly seen the Greek Catholic Church where vast congregations used to worship during the Russian sovereignty, and here again we remembered how short a time since Finland became a Republic, and what wonderful strides the country has made.

When we disembarked, we were amazed by the perfect plan of the Committee on Arrangements. We

were met by the Finnish Nurses in their trim grey and blue uniforms, and given a hearty welcome. They immediately passed us through the Customs without any trouble, and we were taxied, as it were, to a nice home, a hot cup of tea, a hot bath and a clean bed, before we hardly realized we were in Finland. We were most graciously received and thoroughly fêted in every way.

Chronologically I might make note of some of the outstanding impressions apart from those above mentioned.

As the various groups of nurses from 33 different countries met in their own particular groups, discussing with fervour their own angle of the work, and finally coming together in round table conference, then, and then only, was one impressed with the great progress of nurse education in the past decade. Astounding progress in public health work in all countries there represented, to a greater or less degree, and of the many fields of labour that have opened up to nurses.

What the public want they will get.

Another discussion that impressed me was, to quote as follows from the paper of a speaker, "that in no other civilized country in the world is there such shocking mal-practice among a certain part of the maternity patients, and this mal-practice almost rubs elbows with obstetrical work that is nowhere surpassed in excellence." When one thinks of known cases, that have come under observation, does it not impress us very deeply and make us wonder where the solution is for these mothers and babes?

Another point that made lasting impression on me was the reception of five new countries into the Council. A beautiful and impressive ceremony. Please read the report of this, even though you were present to participate, and then just think how little we who graduated in the last twelve or fifteen years have done to gain an entrance into this august association of nurses. It was mostly done for us; therefore, let us help others.

Finally, not that I have covered the subject of lasting impressions, only touched the very edge of what comes back to me, but because time and space is limited, I must close by referring to one or two other outstanding features. First, that every nurse who reads The Canadian Nurse, others also, should read and learn by heart, and be able to quote, the preamble to the constitution and by-laws of the International Council of Nurses. That alone is a great incentive and must make a profound impression.

Second, the impression made upon us by those associated with the International Council of Nurses as foundation members. We idolize and reverence them. Then again, those splendid women leaders, who have filled up the ranks from time to time, representatives from every country, women of such dignity and ability, that every possible honour was accorded them.

I have not mentioned anything of the business transactions, nor have I gone into any of the discussions; nevertheless, it was clearly impressed upon those who listened that an organization of this kind is recognized as the basis for development and progress along all lines of nursing work.

The International spirit is desirable for many reasons, but especially so for the inspiration and enthusiasm it encourages, in addition to the interchange of ideas which is always beneficial to the welfare of not only those who give of their time and talent, but to those who receive.

Forgetting Technique

By ALONZO COOPER, Reg.N., Halifax

There are few, if any, professions that fit one for a career, in which one does not have to learn technique, whether it is trying to be a bricklayer, a chef, or an artist. It is rigidly adhered to in some professions, more so than others, and more especially in the nursing profession, with regard to which I am about to write; but the more I considered the title, the more the possibilities grew. I suddenly recollected that in order to be able to "forget" a thing, one must know it. It would be an impossible mental feat to forget without first knowing.

Technique, like everything else, keeps on changing. The technique of to-day is different from that of twenty or thirty years ago, and at that time changed from what it was years farther back, so one can readily see that as long as science and research keep on finding out new things and the way in which to do them, there will not be any definite standardized technique, except only for a short period, during which time we must rigidly adhere to it, until something else new comes upon the scene. It is not the basis of technique that we are changing, then, but only finding out a more modern way in which to do things. The technique that we are interested in at this time is sterile technique, which student nurses as a rule are a bit shy on. One can no doubt see the responsibility placed upon the nurses in charge of wards and operating rooms, where technique has to be at its best in order to have satisfactory results, but the nurse in charge of the surgical ward must pass through the land of technique before she is ready to impart it to the student nurse. As a rule all nurses, before going to surgical wards, know the theory part of it, but when the practical part of it comes a great many, after starting out right and before having finished, have forgotten all about technique, and the patient at times suffers worse than the nurse, and that is why the nurse in charge has ever to be on the alert if she wants her patients to make a quick recovery after operations, and also in helping to turn out good nurses. Then, again, there is knowing technique so well that at times we break away from the rules, taking short cuts, as it were, using substitutes in its place, as long as they are sterile, only breaking away because it would take a little longer time to do it if abiding strictly by the rules. That may be all right for the nurses who have passed through the land of technique, but in teaching student nurses one cannot be too careful in abiding by the rules at all times.

A famous humourist expressed himself not long ago in this way: he said, "There are two kinds of great fools in this world. The second great fool is the one who fancies he does not need to know technique—but the first and greatest fool is the one who knows his technique and is afraid to depart from it." But remember, if you are a beginner, that knowledge of technique is a basis that every nurse should know —but remember, too, not to be like the greatest fool in the world, and, once knowing your technique, **be afraid to depart from it.**

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section.
Miss HELEN CARRUTHERS, 112 Bedford Road, Toronto.

Obscure Infections following Influenza

By Dr. O. VAN ETTER, New Westminster, B.C.

Tuberculosis and cancer rank as the premier diseases that are taking the greatest toll of human life. Although influenza is not a killing disease, the amount of damage and suffering that it leaves behind makes it fall not far short of either cancer or tuberculosis in importance.

The cause is not known, nor has there been any known cure or preventive discovered. It is the most infectious of diseases, and is always present in sporadic, epidemic, endemic and pandemic form. Influenza remains a quiet disease in the sporadic form until a great number of people mature who have not acquired the natural means of fighting this disease, then it gradually spreads from one person to another, growing in violence with the number of people attacked, causing epidemics and sweeping over whole continents and travelling by trade routes until it is pandemic. Nor does it subside until all on earth have an immunity, and only then does it become once again a sporadic disease, only to repeat the process when a new generation appears upon the earth who have no immunity towards it.

This is one of the most fascinating and baffling diseases the medical profession has to study.

Influenza is no respecter of persons; neither does it attack any single organ, all may be affected or any one may bear the brunt of the disease.

If the patient has fever, headache, back and limbs ache and nausea or vomiting, the laity say "Stomach flu," and if the brain shows the greatest number of symptoms then we say, "Encephalitis or sleeping sickness"; or the kidneys are damaged, then nephritis is the predominating symptom, but what I wish to say to you to-night is on the damaged heart muscle—myocarditis.

I have two patients here to illustrate the end and the beginning. Here is a man aged 50 years, well-developed and nourished, who has worked all his life until two years ago. He sits propped up in the chair with pillows, gasping for breath, his face and hands are grey, his lips and finger tips are cyanosed. Now look at his chest labouring for breath, and here and there over the surface of the chest is a little flutter or wave. His feet and legs are swollen and cold. You at once say he has heart trouble. Go back over his history and ask him if he ever had typhoid fever, scarlet fever, pneumonia or influenza, and he says no, never was sick in his life until this shortness of breath started about two years ago, and this is the third attack. Now ask him if he ever had "La Grippe," and see his face brighten up and he says, "Yes! I had it once or twice when I was eighteen or twenty years old". We will leave this poor man; you can only keep him comfortable, for it is the last chapter of a story that began thirty years ago with influenza.

This other patient is the one I wish to call your attention to. As members of the nursing profession, this is what you meet every day and can do so much toward their care.

She is a young woman; seven weeks ago she complained of headache, fever and chills, back and limbs ached, and she had some nausea and vomited once. A doctor was called; he made one call and left some powders of acetanilide, phenacetine and caffeine, with the parting remark, "Take care of yourself and you will be all right in a few days". In a week she was some better, but her strength was slow in returning. In two weeks she was back at work, and in three weeks she noticed she tired easily; then a slight

cough began and she became short of breath at the least exertion, and now she complains of tiring easily, shortness of breath, and cough, and things turn black before her eyes if she climbs stairs.

Now the next symptoms to appear if she continues to exert herself will be nervousness and she will become emotional, crying or worrying about the smallest trifle, which at other times would never bother her. Nightmares, bad dreams and sleeplessness begin to appear and this is soon followed by a full feeling in the left chest and later tenderness and pain over the heart area drives these patients to seek advice.

In no disease is the one symptom so constant and persistent as fatigue, easily tired, cannot do the things they used to do without becoming tired. The heart does not keep the organs and muscles of the body with a normal supply of blood and does not carry away the waste products quickly.

Cough develops when there is an oedema of the lungs due to an uneven balance of blood in the venous circulation. The heart cannot drive forward the blood coming to it from the veins, causing a damming of the blood in the lungs.

The feeling of fullness in the chest is due to the inability of the heart to empty itself and its chambers are constantly engaged. Pain occurs when there is a dilatation of the heart causing a stretching of the pericardium and a cramp of the heart muscle.

Emotional symptoms as depression, crying, sleeplessness, nightmares, fears, and doubts occur because there is an anæmia of the brain. We all know the mental disorders produced by anæmia of the brain. To illustrate this point I have a refined aged lady with a damaged heart muscle and a low blood pressure who is perfectly happy and comfortable lying in bed, but the moment she assumes the upright position and is about the house she begins to become despondent, with delusion of ill-treatment and persecution by her daughter, and knowing this she prefers to be in bed. This is as nearly a mechanical proposition as possible.

The signs are constant as the symptoms, low blood pressure occurs because the heart muscle is not strong enough to keep up a normal pressure in the arteries.

A fast pulse occurs because what the heart fails to do in one beat it makes up for in a number of beats in the same time. Heart sounds are faint and distant.

The treatment is to have the patient put to bed and not allowed up under any condition. Drugs, such as digitalis, are useful to slow the pulse if it is fast. Codeine or morphia for pain and sleeplessness may be controlled by chloretone, chloral hydrate or bromides. A good wholesome diet, the only restriction is in liquids, eight ounces every three hours, so too great an amount of fluid will not be emptied into the circulation in a short time, giving the heart too much work.

The patient is to be kept in bed till all signs and symptoms disappear, then allowed to sit up ten minutes a day and increase ten minutes a day till one hour is reached: then he is allowed to take 50 steps a day and increase 50 steps a day until 5,000 steps are taken before any stairs are attempted. No work to be done before six months or more, and if any of the former signs or symptoms reappear, then a few days' rest before resuming the treatment must be taken.

By an early diagnosis and proper treatment the patient will escape dilatation, broken compensation and dropsy—the picture of the old man sitting propped up in a chair gasping for breath which I have shown you.

(A paper read before the Graduate Nurses' Association of British Columbia, in quarterly meeting held in New Westminster, January, 1925.)

The Private Duty Section of the Registered Nurses' Association of Ontario will hold its fourth annual Extension Course in connection with the University of Toronto during the month of August, 16-21, 1926. Details of lectures will be given later. Private duty nurses or those interested in this particular branch are asked to keep this week in mind and try to arrange to be in Toronto at that time.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

Diet and Hygiene of Pregnancy from the Nurse's Standpoint

By ELIZABETH L. SMELLIE, Reg.N.

This is not going to be an original statistical or medical paper. The title bothered me very much at first, until I learned it was not usual to pay much attention to it. Later, the addition of the qualifying phrase "from the nurse's standpoint" seemed to provide an excellent opportunity to attack from rather a different angle a subject very close to the hearts of all Public Health Nurses to-day, namely the nursing and supervision of women during pregnancy, and the problems involved in giving it.

In speaking to an enlightened group of professional people such as this, to go into the detail of, and to outline generally approved procedures might appear presumptuous and one would not dare to risk it even if so inclined. Here, too, one has the privilege of addressing representatives of that steadily increasing group of public-spirited lay people sufficiently interested in the betterment of health and social conditions throughout Canada to belong to such an association as this and to participate in its activities. Their attitude in regard to the question of the provision of adequate pre-natal care for all women, rich and poor alike, is worthy of consideration; and it is well if conditions are to be improved that they too should be better acquainted with the problems that we meet from day to day as workers in the field.

According to the committee which drew up the standards for the Children's Bureau, "Pre-natal care is that part of maternal care which has as its object the complete supervision of the pregnant woman in order to preserve the happiness, health, and life of the mother and child. Therefore all pregnant women should be under medical supervision during their entire pregnancy, for it is only by careful routine pre-natal care that pregnancy and labour can be made safer."

The number of women at present receiving pre-natal care of any form is a small fraction of the whole. Although we know each detail of the care and supervision of even the so-called normal case should be considered of vast importance, and every expectant mother guarded and guided most carefully during her pregnancy, unless one grasps the fundamental idea of prevention as applied to obstetrics there can be no real comprehension of pre-natal care.

I am going to base my paper this morning on an extract from Bulletin 21 (1926) of the pamphlets issued by the British Ministry of Health, in which Dr. Janet Campbell says, "The problem of maternal mortality is an extremely complicated one. It can not be solved by any one means, but rather by correlated action in several directions, medical, nursing and social." A gathering such as this, representing public health groups, official and voluntary, from all over the country, gives the very opportunity we need to discuss the matter candidly in the hope that, as a further step towards solving this great problem, we may first better understand one another; each become more cognizant of the work of the other, and better aware of the facilities available which, if properly used, would often ensure more adequate maternal care.

In dealing with the subject of pre-natal supervision, I propose to take it up first under three headings, and from the point of view of the responsibilities assumed by a nurse, whether she be engaged in educational and teaching work in the homes or doing it as part of a general maternity programme,

including natal and post-natal nursing care. First with regard to her relationship to the physician, I can not do better than to quote from a recent paper given by Miss Van Blarcom (former Assistant Superintendent of Johns Hopkins Hospital and author of the book, "Obstetrical Nursing"): The nurses' part "is to assist the physician in carrying out the prescribed details of supervision, instruction and care of expectant mothers, and to work toward the ideal of having every expectant mother in the land under medical care from the beginning of pregnancy. . . . In her relation to the physicians the nurse must be so convinced of the rightness of their procedures that she gives unquestioning loyalty and confidence, since her work is of necessity an interpretation of their ideas and wishes. She must appreciate the fact that every detail of maternity work originates in and is guided by the medical profession."

In regard to her relationship with her patient, the nurse should be the type of woman who will be considerate of the patient, of her traditions and her environment, who will be content to win her way gradually and be able to inspire her patient with confidence and liking. She must be ethical and (to do effective work) should be absolutely convinced of the necessity and value of her contribution for the future welfare of mother and child.

With regard to the community, we here to-day agree that in both town and country skilled care during pregnancy and labour is necessary. When the time comes that women and their husbands realize the necessity of such care, and demand it, communities will be compelled to accept the fact that women bearing children have a moral right to be properly protected, and the need will undoubtedly be met. There is so much ignorance abroad that indifference and distrust prevent the general acceptance of the necessity of pre-natal care. This type of public health education is a particularly difficult one to deal with. Women themselves have yet to be convinced. They do not bother about statistics; they are much more apt to attach importance to personal observation, and they may have little intimate knowledge of the complicated case, nor realize how very easily the apparently normal one can become a serious surgical emergency. We have in this group the two extremes. For instance, a woman may have a kind friend who pours into her ear a long series of tragedies which may happen to her. Many of these tales are unreasonable and unfounded, yet they may be accepted as facts by the prospective mother, and persistently haunt her, disturbing her peace of mind. Here the intelligent nurse can be of great assistance in allaying unreasonable fears and relieving her distress. On the other hand, with many women there is the necessity of dispelling the illusion that having babies is a perfectly natural process, which if let alone will take care of itself. These contrasts in point of view constitute of themselves a problem in dealing with public health education with reference to pre-natal work.

Just here I should like to quote Miss Van Blarcom again: "No one denies the value of good soil, warmth, and moisture in raising flowers and vegetables, nor the necessity of doing away with weeds, harmful insects, or blight, but only rarely is this the attitude taken towards rearing babies. When husbands, mothers and other advisers do see baby culture in the same light as horticulture, more expectant mothers will be under care and supervision".

In doing pre-natal work, what do we note with regard to these various relationships, and taking them in reverse order? As to the community at large, we reiterate a continuous educatioual programme is necessary, the object being that eventually every mother in the country will realize the necessity of it, and will have the benefit of the pre-natal care now limited to a few. The missed cases are not alone those unfortunate isolated women beyond the reach of a doctor and

unable to obtain medical and nursing care, but include also a large number in the small town and in the large city, east end and west end, who have no conception of what pre-natal care is, nor what it may mean to their future health and happiness at least, with even the possibility of the saving of a needless death.

As to the patient herself, the ideal type of nurse is not going to be considered as merely a deputy from the physician delivering, as a prescription, a definite routine to follow. It would simplify matters considerably if this were the case. What is needed rather is a capable, friendly adviser, prepared further to interpret and explain the doctor's instructions, and to help the patient to adjust them to suit her individual needs, whether these be family worries needing adjustment, economic factors complicating the situation, unreasonable fears to set at rest, or innumerable trifling obstacles which are apt to assume undue proportion at this time unless pains are taken to surmount them, and to explain the simple and sensible procedures relative to the hygiene of pregnancy. Otherwise to her these directions may seem quite unrelated to her own or her baby's welfare, though their observance may mean much to both later on. Without a close relationship existing between patient and nurse, pre-natal visits will not attain their real purpose. We all know of the exceptional case where pre-natal visits are not welcomed because of other children in the home, the curiosity of neighbours and so on. This attitude may be changed and the good judgment of the nurse in planning and making visits can help a great deal. I should like to give you an instance that occurred in one of our large city districts recently. The letter reads: "One of the nurses opened a pre-natal case last week and the patient paid her $1.00 for the visit, an expression of her appreciation of the work. We had taken care of this woman when a baby came before, and as a routine applied for her folder from the record office. On the inside of the history sheet of her last pregnancy there was a note stating, "patient does not co-operate, does not want pre-natal visits, will not let nurse in when she calls". This year she insisted on giving the nurse $1.00 for her pre-natal visit.

Now as to the nurse's relationship with the physician, in which the primary interest of each is the welfare of the patient and a complete recovery, the nurse's obvious duty is to follow-up instructions and to see that they are carried out. Being in touch with the patient regularly, she is able to keep the doctor informed as to the patient's condition, her visits not taking the place of, but supplementing, the doctor's visits, and serving as a link between. In many instances the nurse comes in contact with a pregnant woman before she has contemplated consulting a physician. She may have no definite arrangement in her mind at all, very often because of not being in a financial position to approach a doctor. There may have been frequent pregnancies, the expenses of the last one may not have been met, she may not be able to leave her home on account of other cares, or there may not be clinic service available, and the family be a public charge. The mother may decide, and she frequently does, that, when the time comes, she will just "chance it," hoping to secure assistance at the last moment as an emergency. Naturally, the nurse's greatest effort is directed towards ensuring the prospective mother medical attention at the earliest possible moment.

The physician's attitude towards nursing supervision during pregnancy is generally sympathetic and the nurse is looked upon as an invaluable co-worker. Just two weeks ago I came across these lines in reading Osler, from one of his letters: "No class of men need friction so much as physicians; no class gets less". On thinking the matter over, I came to the conclusion it might be an act of kindness to mention some of the obstacles which

do constitute a real difficulty and prevent our working as effectively with the physician as we would like. Since I have been thinking about this paper, nurses in both official and voluntary agencies have written to me and in some cases we have discussed these various problems because we feel it is of vital importance that we should be of the greatest possible assistance to the physician and to the patient in carrying on pre-natal work, and we want to do our best to prevent misunderstandings arising.

The problems most frequently referred to are:

(a) *Late Notification.* — Many times patients themselves delay consulting a physician, and he can not refer them. On one Victorian Order district, of a series of 90 cases carried during one month and picked at random, 34 were emergency cases and had no pre-natal care whatever; 41% of the remainder were referred in the eighth and ninth month. Many times physicians assure the nurses that they realize they are busy and do not want to add to their labours by referring pre-natal cases (this is really mistaken kindness); and again there is sometimes admittedly oversight or neglect in reporting cases promptly or regularly. It might interest you to know that while our figures are not yet absolutely complete for 1925, we do find that last year in our centres throughout Canada where pre-natal care was available in so far as the referring to the nurse was concerned, 4,955 women were attended at time of delivery who had no pre-natal visits. We had, however, fewer of these emergency calls than in 1924; and while our total number of births and obstetrical cases attended was lower in 1925, 866 more of these cases sought pre-natal care than in 1924. Our visits to expectant mothers rose from 30,982 to 33,205.

(b) This also is a statement made: After urging a patient for some time to go to a physician a nurse calls again to find she has finally gone, but examination has not been made, there has been no suggestion of a urinalysis, and the patient has been told not to return again, to send for the doctor when needed. This is a little discouraging. What are nurses to do when, in response to their query to the patient, "Have you sent a specimen to the doctor?" the reply is, "He told me it was not necessary unless I was not feeling well." This happened in one district four times in two weeks.

Then there is the question of the final examination. Nurses are taught that maternity care is not complete until the sixth week examination has been made by the physician. Patients delivered in the larger maternity hospitals or attending a pre-natal clinic have usually been instructed to return for examination later. There are popular articles written to-day on the subject. Intelligent women read these and receive pamphlets in which, if they are interested enough to read, they note it is referred to as a foregone conclusion. What shall nurses reply when asked why this has not been done?

(c) Again we have been assured that "breast feeding is the best health insurance any mother can give her child". Although during the pre-natal period education along these lines may have accomplished much, unless the moral support of the physician is behind the nurse in the somewhat difficult case in which to establish breast feeding, the physical labour and patience involved on the part of both mother and nurse to achieve it will be absolutely lost, and the influences the other way eventually win the victory. Is this not a very vital matter?

(d) The employment of the untrained woman where services of a trained nurse are available The usual explanation of this is "she understands my ways" or "the patient wants her."

The provision of home help during the time the mother is in hospital or laid aside is everywhere a problem. (Just here we would like to pay tribute to the plan being worked out in Toronto, for which the local Red

Cross is financially responsible and in which the housekeeping rather than the nursing aspect is stressed.) There is always a place and an honourable place for such a worker. Do the doctors not prefer it. however, and where it is available, if they insisted upon it, could they not many times avail themselves of the services of a trained nurse at the time of delivery and afterwards?

(e) The question of a urinalysis being done and blood pressure taken on the district by nurses must be left to the decision of the individual medical man and the Advisory Committees of Local Nursing Organizations. There is a great deal of difference of opinion regarding it, and in most nursing organizations where it is done, it is in follow-up work from pre-natal clinics in connection with out-patient departments of hospitals, or depending on the wish of the individual physician. This is a question for them to determine.

Dr. Fred Adair, Associate Professor of Obstetrics at the University of Minnesota, in an address given in Washington in January, 1926, says: "There should always be frankness and harmony between those who are officially responsible for carrying on the work and those who are actually in the field. . . . Physicians should recognize the fields of activity occupied in pre-natal work by nurses and social workers. Each should take pride in his own work and respect the ability and usefulness of those in other fields of activity, so that all may work together in harmony for the preservation of the happiness, health and lives of mothers and their offspring."

In the discussion following I have no doubt valuable suggestions will be given as to factors which would contribute considerably to ensuring more general maternal care for those unable now to procure it, whether because of ignorance, of inaccessibility or of financial limitations. To lead up to this, it seems advisable to offer a few suggestions, several of which were brought forward in papers given at the Ontario Nurses' Association meeting in London last year:

Prompt notification of births and still births;

Perseverance in the effort to educate the public generally as to the urgent need of pre-natal care;

More attention to be devoted to the prospective father; (The fathers have not been taken sufficiently into consideration so far in pre-natal work. Many of you have undoubtedly seen an account of the Fathers' Council, which is conducted at the Infant Welfare Centre, in Kensington, in cooperation with the Committee. The chief aim is to bring home to fathers the responsibilities that rest upon them in giving the child a proper start in life.)

The provision of medical and nursing care for mothers before, during and after their babies are born;

More free maternity beds in hospitals—many more;

Government aid to provide physicians for outlying districts;

More outposts;

More district nurses in small scattered communities;

Domestic aid for those in need of it;

Some provision for those financially unable to obtain proper care and sustenance during pregnancy;

Increasing use made of pre-natal letters (the Federal Department and recently the Child Welfare Association have made valuable contributions in this respect);

Better housing conditions;

Effort on the part of social and other philanthropic agencies to direct pregnant women, not yet planning either to enter hospital or to have professional nursing care, to consult a visiting nurse;

Consideration of the value of health examination, not as individuals alone, but as prospective parents and in relation to their offspring. The result of all preventive work now being done should eliminate many of the attendant ills of pregnancy: tuberculosis, rickets, faulty nutrition, mental and physical hygiene, prevention

of scarlet fever and diphtheria, venereal disease, etc.

Relationship between all official and voluntary health agencies;

Less emphasis on the division of curative and preventive work in obstetrical work particularly—(How else will the skeptical be converted? Sir Arthur Newsholme, in addressing a gathering of Public Health Nurses in Leeds, last July, said that it had been a great mistake to try to draw a line of demarkation between curative and preventive medicine. In all the progress that had been made, preventive and curative medicine had tended to merge one into another. This was especially true of the work of the nurse.)

More well-qualified Public Health Nurses.

You will think of others, undoubtedly. I have not attempted to cover all.

Now, in conclusion, it is wise to admit that you will occasionally meet a nurse who does not come up to your expectations. Will you as medical men be tolerant? By that I do not mean "lenient" if she is a failure in so far as the work is concerned; but please remember how much is expected of her to-day. She must be an efficient nurse, a qualified teacher, a brilliant public speaker, an invisible leader of men, an oracle to women, a lover of children, an economic genius, an expert statistician, an eminent writer, a good publicity agent, a diplomat, and innumerable other things. Having been taught as a child to be seen and not heard, and later, professionally, to keep herself in the background, has she not, too, her individual problems to face, in order to be all things to all men?

I cannot do better than give you the concluding paragraph of Miss Mary Gardner's address last July to The International Congress of Nurses, assembled in Helsingfors:

"The public health nurse has already been granted a rare privilege of service, and I see for her in all our countries a still greater future. But I believe that that future will be built only on the character of the nurse herself, and on her ability to find for herself a place in the life of her community. This place she will only find if she is fitted to fill it, and to fill it she must be skilled in nursing, kind and tender of heart, and endowed with that wisdom for which King Solomon prayed, and which as long as the world endures must make itself felt as a power for good."

(Read before the Canadian Health Congress, May, 1926.)

The Urban Community

By JESSIE M. WOODS, Reg.N.

[Note: The following papers by Miss Jessie M. Woods and Miss Maud E. Wilkinson were read at the Public Health Nursing and Child Hygiene Sections of the Canadian Health Congress, 1926.]

The excellent paper presented to us by Miss Smellie in "Diet and Hygiene of Pregnancy from the Nurse's Standpoint," has outlined very clearly the problems involved in pre-natal supervision; the need for intensive educational work; and co-related action in several directions—medical, nursing, social—if the problem of maternal mortality is to be solved.

One of the difficulties so often encountered is reaching the patient early in pregnancy. Education is needed to induce the expectant mother to place herself under the supervision of her physician as early in pregnancy as possible. This cannot be insisted upon too strongly, and here I think the nurse can be of assistance to the physician.

In Toronto there are three organizations visiting in the homes to give advice and instruction to the expectant mother—the Victorian Order, St. Elizabeth and Public Health Nurses; the former two organizations include bedside care in their programme of pre-natal hygiene. The patients coming most directly under the nurse's care would include those patients who are needing but not receiving care from a physician; patients who are puzzled or troubled over their condition, but do not know where or how to obtain advice; patients who could employ a physician, but do not appreciate the importance of his care.

In Toronto these patients come to the nurse from different sources, such as hos-

pital and neighbourhood pre-natal clinics, social organizations, to a small extent from private physicians, and in the nurse's follow-up work in the home. In many cases the nurse comes in contact with a patient before she has even thought of seeing a physician or making any arrangements for confinement.

To adequately supervise the expectant mother, I think visits should be made at least once a month up to the seventh month, then twice a month, preferably weekly, until confinement. This supervision would supplement, but not in any way take the place of that given by the physician. As Miss Smellie points out, the nurse's part is to assist the physician in carrying out the prescribed details of supervision, instruction and care of the expectant mother.

Five hospitals in Toronto are conducting clinics where patients may go for examination, advice and treatment. To meet the need created by distances and the fact that some women do not like a hospital, the Department of Public Health has established five Neighbourhood Pre-Natal Clinics, the object of these being educational. It is felt when the average woman is taught the need of supervision and care during the months preceding confinement, she will place herself during this period under the care of her family physician. To bring women under the supervision of their private physician, they must of necessity be educated to the need of such supervision, and it is hoped through the hospital and neighbourhood clinics to bring the need home to the public in such a manner that they will demand this care.

As Miss Smellie has said, this type of public health education is often a particularly difficult one to deal with. On the first visit to a neighbourhood clinic, the patient is asked the name of the physician whom she intends to have attend her at time of confinement, and the physician is notified by letter of her attendance. The records of the case are at his disposal, and for active medical treatment the patient will always be referred to him. Pre-natal care is not given in the clinic if a patient has previously consulted her private physician, unless so requested by him.

Post-natal visits are paid by the nurse and the importance of post-natal examination six weeks after confinement is impressed upon the patient, these examinations being made by the private physician who attended or by the hospital where the patient was confined. Patients are also advised by the hospital when leaving after confinement to return for examination.

In all her visits before and after confinement, the nurse stresses the importance and necessity of breast-feeding the baby. With a continuous educational programme, it is hoped the day is not too far distant when every mother will demand the supervision and care necessary to make pregnancy and labour safer.

(Miss Jessie M. Woods, supervisor, Pre-Natal, Infant and Pre-School Nursing, Department of Health, Toronto.)

The Rural Community and the Nursing Outpost

By MAUDE E. WILKINSON, Reg.N.

We have listened this morning with keen interest to a careful analysis of the causes of mortality among the newly born, in which our attention is focused on the babe—to the discussion of adequate pre-natal care—in which we think primarily of the expectant mother's condition, and thirdly, to an expert opinion on the prevention of infections in early infancy, under which heading we cannot overlook the mother's post-natal care.

All of these subjects open up large fields of research and activity in the promotion of health. The progress made and results attained are far-reaching in the urban centres where trained workers, through their organized clinics—home visiting and child welfare institutions are able to follow up their work. In these centres with advantages of education and wealth it is possible for every expectant mother to get advice and counsel free of charge if necessary and our infant mortality **should** be less each year and our maternal deaths and still births **should** be practically non-existent, but what about our rural communities? I don't mean our smaller organized districts—which can obtain provincial assistance toward the maintenance of a public health nurse and are supporting a doctor or perhaps two. I mean the sparsely settled communities separated by miles of acreage, where the bare maintenance of life is a daily problem, which the addition of sickness and ill-health makes more complex. How can we bring the knowledge and experience gained in larger centres to these equally deserving and perhaps more appreciative communities? The Red Cross in Canada recognized this great field for the promotion of health, the prevention of disease and directed the interest of their great body of war workers to this equally important mitigation of peace-time suffering. Today they have 32 outposts scattered throughout the rural communities in Canada where 52 fully-trained nurses are en-

gaged in the crusade for good health with the result that during 1925 2,135 patients were admitted for care and treatment (a great number of which were confinement cases), and 3,014 homes were visited, treatments given and nursing care administered. A mere drop in the bucket compared to the size of Canada, but we feel a progressive move in the right direction.

Sixteen of the thirty-two outposts in Canada are located in Ontario, eight of the sixteen are termed "outpost hospitals" and were established where there was no hospital accommodation in the district, which occasions unnecessary delay and additional suffering, sometimes resulting in the loss of life. The remaining eight outposts are located in purely rural districts. In six of these villages there is no resident doctor, the nearest one living forty to fifty miles away. The problems confronting the nurses in these districts are numerous. No matter how far away the nearest doctor, her first duty is to see him and acquaint him of her desire to work under his supervision, and secure from him such standing orders as he is able to give for certain definite types of cases that she is called upon to attend when it is impossible for him to be present. We fully realize that the service we are giving in these districts is incomplete without a doctor's supervision and that the nurses in undertaking to fill the need are only meeting the emergency until adequate medical attention is arranged. The Red Cross is very grateful to the medical men in the rural communities in Ontario for their co-operation and sympathetic consideration shown to its nurses working in these isolated areas.

We feel that the nurses living in the community, meeting the people in their social gatherings, are in a position to work with better understanding of their daily life. It has been our experience that after the nurse becomes acquainted and has gained the confidence of the people, they come to her and discuss their problems and she is able to direct them either by a little practical advice, the contribution of health literature, or if necessary, advising them to consult the doctor. In this way we come in contact with the pre-natal cases, with the sick and ailing child. When they enter the outposts and hospitals as patients we are able to demonstrate as well as teach health, to encourage the mother to periodically return to the outpost to weigh her baby and to consult with us when the supplementary feedings start and notify us of the first signs of sickness. These, and many others which time does not allow me to enumerate, represent the activities of our field nurses in their contributions to child health. We aim to make every outpost a health centre.

For discussion I would like to enumerate a few of our daily problems:

1. How can we make it possible for patients to call a doctor as often as our nurses feel is necessary, when each trip represents a financial outlay of $25.00 to $50.00?

2. How can the home be cared for when the mother is ill and it would be better for her to enter the hospital?

3. How can we better equip our nurses to meet the emergency when it is impossible to get the doctor?

(Miss Maude E. Wilkinson, Director Nursing Service, Ontario Division, Canadian Red Cross.)

THE CANADIAN HEALTH CONGRESS

By FLORENCE H. M. EMORY, Retiring Chairman, Public Health Nursing Section, C.P.H.A.

The Canadian Health Congress held in Toronto during the week of May 3rd was arranged through the co-operation of the Canadian Public Health Association, the Ontario Health Officers' Association and the Canadian Social Hygiene Council.

The interest of public health nurses was centered in the sessions of the Canadian Public Health Association in which organization a Public Health Nursing Section had been formed one year ago. Speaking at general sessions were such outstanding leaders as Dr. C. E. A. Winslow, Dr. Haven Emerson and Dr. George Vincent. Public health nurses were ably represented in the joint session of the Child Hygiene and Public Health Nursing Sections and in the session devoted entirely to Public Health Nursing. Miss Jean E. Browne, president of the Canadian Nurses' Association, addressed one of the special sessions.

To have sectional representation in such an organization makes possible an exchange of ideas and experience within the public health nursing group. Not only that, a very real opportunity is afforded to study our relationship to other workers in the public health field and to benefit by a discussion of mutual problems.

An outstanding feature of the entire Congress was the scientific attitude with which each speaker approached a discussion of the topic assigned; that, we are proud to state was no less apparent in the papers read by members of the nursing profession than in those dealt with by other speakers.

Public health nurses showed their appreciation of the new section by attending in large numbers and becoming members of the Association.

Officers of the section for the ensuing year are: chairman, Miss Jean Browne, Toronto; vice-chairman, Miss Edith Hurley, Montreal; secretary-treasurer, Miss Laura Holland, Toronto.

Summer Courses for Public Health Nurses at the Canadian Universities

At a recent meeting of the Education Committee of the Public Health Section of the C.N.A., the Convener was instructed to make inquiries about summer courses as arranged for public health nurses in the Canadian Universities. In response to inquiry we have discovered that no summer work of this kind is yet offered for this year by Dalhousie University, McGill University, Western University or the University of Toronto. So far no reply has been received from the University of Montreal. Inquiry has been sent to the University of British Columbia with a request that a reply be sent direct to the Editor: therefore if any information is received from them it will be added to this report.

The above report covers all the Canadian Universities that have teaching departments in public health nursing.

The absence of such refresher courses in public health nursing is probably due to the following two facts: (1) the very slight demand for these from nurses engaged in public health nursing; (2) the difficulty experienced by these small nursing departments at the Universities in offering, during the summer, work of sufficient value to meet the need of prospective students.

(Sgd.) E. KATHLEEN RUSSELL,
Convener, Education Committee,
Public Health Section.

Tentative Programme of the Public Health Section of the Canadian Nurses' Association — Ottawa, August 23-27, 1926.

Executive Committee—

Monday, August 23—Breakfast conference at 8 a.m.

Other conferences to be announced.

Round Table Conference—

Thursday, August 26, 9.30 a.m.

I.—Child Health Centres—
Their Function — Miss Esther Beith, director, Child Welfare Association of Montreal, formerly supervisor, Pre-Natal, Infant and Pre-School Nursing, Department of Public Health, Toronto, and director, Dalhousie Health Centre, Halifax.
Their Relationship to the Private Physician—A representative of the Canadian Medical Association.

II.—The Mothercraft Training Society—Miss Ethel Cryderman, district superintendent, Department of Public Health, Toronto, and graduate of Cromwell House, Highgate, London.
Discussion.

III.—Informal lunch.

Open Session—

Thursday, August 26, 8 p.m.

I.—Address—Dr. J. A. Amyot, Deputy Minister of Health.

II.—Address—Mrs. Adelaide M. Plumptre, president, Ontario Division of Canadian Red Cross Society.

III.—Midwifery in Europe—Miss Mary Beard, R.N., Division of Studies, Rockefeller Foundation.

Business Session—

1. Reading of minutes of last biennial meeting.
2. Chairman's address.
3. Report of secretary-treasurer.
4. Correspondence.
5. Appointment of Resolution Committee.
6. Appointment of Nomination Committee.
7. Reports of Committees—
   Programme—Miss E. H. Dyke.
   Exhibits—Miss E. Wilson.
   Library—Miss A. E. Wells.
   Education—Miss E. K. Russell.
   Membership—Miss B. E. Hall.
   Publication—Miss E. Wilson.
8. Business arising from minutes, reports and correspondence.
9. Brief reports of Public Health Nursing progress, 1924-26—
   Prince Edward Island—Miss M. Wilson.
   Nova Scotia—Miss M. Mackenzie.
   New Brunswick—Miss H. S. Dykeman.
   Quebec—Miss L. M. Moag.
   Ontario—Miss E. H. Dyke.
   Manitoba—Miss G. M. Hall.
   Saskatchewan—Miss Connor.
   Alberta—Miss E. Clarke.
   British Columbia—Miss Morrison.
10. The College of Nursing and its Public Health Activities—A representative of the Public Health Section of the College of Nursing, England.
11. Election of officers.
12. Unfinished business.

Department of Student Nurses

Convener, Miss M. HERSEY, Royal Victoria Hospital, Montreal.

Reminiscences

By T. R. CLARKE

Three years—would it ever pass? It seemed so long in looking ahead, but now it has passed, and how quickly it has gone!

Just three short years ago we stood on the threshold of a vast career which opened out before us with boundless opportunities such as most of us never dreamed our training could possibly hold. As we stood there gazing in on the duties which would in time be allotted to us, and the responsibilities that would be placed upon our shoulders we shuddered and almost drew back, but again arose the thought, "Others have succeeded, why cannot we?"

The days came and went, each full of the duties and responsibilities it carried with it, and so we pressed forward, each day learning just a little more—each day the correction of some habit which would mar in the making of a good nurse.

Studies, demonstrations, and practical work followed swiftly one in the train of the other, and so passed the first three months of our training—the period of probation. What a feeling of excitement was in the air! Would we be accepted or rejected? At last the prize, our dream of the last three months, waking or sleeping, was in sight. Was there ever a happier day than that when first we wore the cap? I think not!

With the coming of the cap came a little responsibility, with always the guiding hand of the senior nurses, instructed by those in charge. On, on we went, sometimes disheartened, sometimes glad, made happy by our small successes, ever pressing onward, living only in the present, but looking always to the great end in view, the day when we should be listed with those who had passed the required tests and receive the much-coveted diploma.

Who can estimate the training received in those three full years? It can never be placed on paper in plain, cold facts, for it means far more than instruction in bedside care, examinations in materia medica, or bacteriology—what of the self-control, the consideration of the welfare of others, and the patience which of necessity must be practised daily? It means the strengthening of character for an important life work, and is this not of some consideration?

(Miss T. R. Clarke, Class 1926, Soldiers' Memorial Hospital, Campbellton, N.B.)

It is within the power of man to cause all parasitic diseases to disappear from the world.—Pasteur.

Student Nurses' Glee Club, Winnipeg General Hospital, Winnipeg, Man.

Since the article on the Nurses' Glee Club, Winnipeg General Hospital, was received, the club has taken part in the Manitoba Musical Festival, entering Class B, Female Voice Choirs. Among nine contesting choirs the club won third place, receiving 175 marks, while the highest marks obtained were 182, which were won by a choir from Port Arthur, Ont. The record of the Glee Club is excellent, considering that the club was only organized in September, 1925.

A Nurses' Glee Club

By LOIS MacNEILL

Since the formation of the Winnipeg General Hospital Nurses' Glee Club we have often been asked just how the idea of having a Nurses' Glee Club originated and are questioned as to its work and success.

It is a regrettable though well-known fact that nurses—reluctant though we are to admit it—are inclined to talk and think "shop," and with so many students enrolled in our school we found a great need for something in the nature of a musical club, or study group, to help them forget their work and worries for a time.

A number of the nurses met and discussed the advisability of starting a glee club, composed of student-nurses only. The objection was raised by some that after working hard all day nurses would be unable to concentrate and study music for two hours. However, in September, 1925, the club was formed and, contrary to expectations, we find the student-nurses taking not only a great interest but great pride in the progress they are making. Our superintendent of nurses has made it a rule that every member of the Glee Club be allowed off duty to attend each practise, and ever since the enterprise was first mooted we have been greatly encouraged by our hospital staff. We are very fortunate in having as our leader Mr. Stanley Osborne, a veteran choir leader, and, incidentally, the accompanist for the Winnipeg Male Voice Choir. He very kindly tells us we should make an excellent choir: one of our assets being that, owing to our discipline, we can sit down and stand up in unison! In March of this year we gave two concerts, in the reception room of the Nurses' Residence. We were amazed at the interest the doctors and friends of the hospital showed in us, and because of this and the publicity given through the press and verbally, the concerts were a great financial success. The proceeds—over $400.00—are to go towards the purchase of a new grand piano for the reception room in the Nurses' Residence.

But we have been encouraged to go still further, to become still more ambitious, and have entered the name of the Winnipeg General Hospital Nurses' Glee Club as a contestant in the Manitoba Musical Festival this year. We know that it will mean a lot of hard work if we are to make a good showing. However, by aiming at the star we may hit the tree—or even better.

(Miss Lois MacNeill, Class 1926, Winnipeg General Hospital, Winnipeg, Man.)

Just stand aside, and watch yourself go by;
Think of yourself as "He" instead of "I."
Pick flaws, find faults; forget the man is you,
And strive to make your estimate ring true.

The faults of others then will dwarf and shrink,
Love's chain grow stronger by one mighty link,
When you with "He" as substitute for "I"
Have stood aside and watched yourself go by.

—Strickland W. Gillilan.

Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St.. Toronto

Reasons for Parental Education

By N/S S. M. CARR HARRIS, A.R.R.C., Toronto

Evidence of the necessity for parental education in regard to the nature and needs of the rising generation are apparent on all sides.

The lack of it is shown through courts, schools, clinics and homes. Wherever crime or behaviour problems appear we find evidences of mis-management and ignorance; of children unable to deal with their problems (which are increasing) owing to lack of intelligent guidance.

The increase of crime and delinquency demands serious effort to provide that intelligent guidance; and a rapidly increasing interest and demand for this intelligent guidance based on reason rather than impulse is being shown by the enlightened people of all countries.

We are in an age where training for all vocations is demanded. Our doctor, our nurse, our lawyer, our salesman, and even our barber or manicurist have had to undergo training; but our parent—surely our most important social agent—has not hitherto been required to have any training for his job. Society has demanded no standard of qualification, nor offered any systematic facilities for its attainment.

Intelligent people are now demanding that provision should be made whereby the technique of child training should be discovered and made available for those who are dealing with children.

To show the trend of thought along this line it may be of interest to give an idea of the subject matter proposed by our State as suitable for compulsory parent education which should be provided by the school system of the locality:

1. Knowledge of physical defects; their effect on child behaviour and health.
2. Knowledge of parental discipline; its use in the wise management of children in the home.
3. Knowledge of the effect of fatigue, and the need for rest in childhood and adolescence.
4. Knowledge of the effects of malnutrition and the need for proper nutrition for children.
5. Knowledge of hygiene, including training in sex hygiene.
6. Knowledge of such matters as may hereafter be shown to have important bearing upon the health and behaviour of the oncoming generation.

"The sponsors of this Bill believe that some parents are eager to do well by their children and that juvenile ill-health and delinquency will be decreased materially only when present-day parents are given a fairer chance through education to solve their problems more wisely."

Some there are, however, who feel, and probably feel quite strongly that "the good old-fashioned way" of leaving parents to their "instincts" is "good enough for

them;" and that physical parenthood brings, or **should** bring, the knowledge and wisdom necessary to perform the biggest job on earth: namely, the guiding and training of a human being for right living. Was it. let us ask them, the parental instinct which allowed infanticide for centuries; disgraceful child labour abuses, and the haphazard child treatment we so frequently see today by not merely the ignorant but by many so-called educated parents?

To change the feelings or prejudices of people is a difficult matter, though it is one in which we, as public health nurses, are all engaged. Therefore it may be of value to us to review some of the factors involved and the arguments advanced in support of systematic parent education by those who advocate it as a necessity.

1. Complexity and rapidly changing conditions of modern life really do not fit man's inherited tendencies, and we require a more highly self-disciplined individual than ever before. Formerly we had authority and precedent upon which to rely, but the advance of science has been so rapid that our problems have outrun our solutions, and at the same time the education for living, the contact with people and things which formerly took place quite naturally in the home has, in large centres, almost disappeared, and between groups of people separating influences are at work which lessen that knowledge, understanding and sympathy between classes which is necessary if society is to prevail.

Enlightened parents and changing educational methods are essential.

2. All social problems lead to children. The process of learning begins at birth and the patterns of behaviour, based on experience and choice and feeling, are formed in the first few years and tend to last throughout life.

Our knowledge as to child-nature, and needs and principles for right building of character has outrun practise. Dr. White says: "We now **know** enough to transform civilization in a generation or two."

3. Problems and difficulties are no respecters of persons: statistics show that they are shared alike by rich and poor, by those with much as well as those with little education. The mother with a Master's degree may be quite as much at sea when facing a temper tantrum as the poor uneducated mother.

These are not minor factors: they are facts which must be faced. Science must help parents as it has helped (?) or illumined other fields. Merely the handing on of information, no matter how true or beneficial, is useless unless the feeling underlying action is enlisted.

The importance of the emotional life has not been sufficiently recognized in the past.

The feelings and attitudes which accompany the behaviour in the little child, which are largely based on example, are the basis upon which the prejudices, morals and personality are built. They are often so strong that they persist throughout life.

The basis of our social life—commerce, religion and home life—is our confidence and faith in our fellowmen, which is built up in the little child by the early regular and consistent routine of adequate physical care.

The simple rule of regularity of feeding and routine gives the child that first conception of truth and faith and confidence upon which the structure of his character is reared.

The parent who lies, deceives, humiliates or shames a child is doing it a serious injury. The inner personality of the child which has lost confidence in his world is going to be affected and subsequent conduct influenced.

How wonderful, therefore, is the public health nurse's opportunity: of what far reaching importance!

News Notes

TORONTO

A meeting of the Overseas Nurses' Club was held on Friday evening, April 30th, at the Nurses' Residence, Christie Street Hospital, the president, Mrs. D. E. Robertson, in the chair. The minutes of the last meeting were read by the secretary, Mrs. J. J. Fraser, and adopted. A charming letter from Matron-in-Chief Macdonald, accepting the honorary presidency of the club and wishing it every success, was read and most appreciatively received by the hundred or so members present. It was moved and seconded that the club enter their subscription to The Canadian Nurse. The sending of a delegate to the unveiling of the Memorial at Ottawa was then discussed at some length, and it was decided that the corresponding secretary should write to Miss Isabel McElroy, 18 Botelier Street, Ottawa, who is in charge of the arrangements for the Overseas Dinner, for further information, and assuring her of the co-operation of the Toronto club. Nursing-Sister Helen Smith, of Oakville, was appointed to be the club's official representative at the unveiling, which will take place on August 24th. An evening of Bridge followed the business meeting, and refreshments were served at the close. A very hearty vote of thanks was moved by Miss Holland to Matron Hartley for her kindness in allowing the club the use of the beautiful reception room for their meetings, and to Miss McCallum and the sisters of Christie Street Hospital who so kindly arranged the Bridge and the refreshments.

MONTREAL

The Annual Meeting of the Montreal Association for Overseas Nursing Sisters was held in March at the Nurses' Club, Montreal. The reports of the secretary and treasurer showed a successful year, and the president, Miss Watling, gave a short account of the work done by the Association. During the year the Association became an active member of the Last Post Fund, a very worthy organization, and one in which all nursing sisters take a particular interest, as the work of the Last Post Fund deals entirely with returned men, arranging for and conducting suitable burial for those who die without means or friends.

A wreath was placed on the Cenotaph on Armistice Day in memory of the fallen.

The usual good work was done by the Sick Visiting Committee, their visits and flowers being greatly appreciated by the sick nurses.

The officers elected for the coming year were as follows: Honorary President, Miss M. Macdonald; Honorary Member, Miss Rayside; President, Miss M. Watling; Vice-President, Miss M. Champagne; Secretary, Miss M. MacDermott; Treasurer, Miss N. J. Enright; Representative to Last Post Fund, Mrs. Norman Stuart; Sick Visiting Committee, Mrs. Stuart Ramsay and Mrs. F. C. Scrimger; Executive Committee, Misses V. Samson, G. Holland and M. Sinclair.

Through the kindness of Miss S. M. Young a very pleasant social gathering was held in the Nurses' Home of the Montreal General Hospital on March 20th, 56 nursing sisters were present; bridge was played after which refreshments were served.

To mark the sailing of the S.S. Metagama on May 6th, 1915, with No. 3 Canadian General Hospital (McGill) on board, Gen. Birkelt was host to those members of the unit in Montreal at a dinner given at the University Club on May 6th, 1926.

Twenty nursing sisters and sixteen medical officers, and Col. Blaylock, who had charge of the Red Cross Division in France during the war, were Gen. Birkelt's guests.

The table decorations were carried out in McGill colours: red and white.

Miss Enright acted as president for the nursing sisters for the evening and proposed the toast to the King; Mrs. Norman Stewart (nee Connie Stewart), the silent toast; and Mrs. Scrimger (nee Ellen Carpenter) the toast to absent friends, special mention being made of Matron MacLatchy, now in charge of a Military Hospital in Halifax, and her assistant, Miss Hoerner—now Mrs. Woods-Price, of Saranac Lake, N.Y. Miss Watling proposed the toast to the host, Gen Birkelt, who in his reply recalled many incidents that brought back memories—some happy, some sad—of those early days in France. Each member was allotted three minutes for remarks, and as it was the first reunion since the war, many amusing reminiscences were interchanged, and friendships that had been formed in 1915-1918 were renewed.

(See also page 318—Vancouver)

Book Review

Psychology for Nurses, by Maud B. Muse, R.N., A.M.: 351 pages; illustrated; first edition. Published by W. B. Saunders Company, Philadelphia and London. Price $2.25.

The wide experience of Miss Muse as instructor in different training schools for nurses and her study of psychology at Columbia University have fitted her to write with authority on the subject of Psychology for Nurses.

As psychology is such an extensive subject and as the time allotted for its study in nursing schools is necessarily short, this direct application of the most fundamental principles to nursing work supplies a long-felt need. The book "is designed for use as (1) a text book in schools of nursing, (2) as one of the reference books for courses in nursing education which are now being published in many universities, and (3) for the use of graduate nurses who have not had recent courses in psychology."

The introductory chapter shows how useful psychology is in helping the nurse to understand both sick and well people and to make her own adjustments. Four chapters take up Behaviour Mechanism and others deal with Native Traits and Tendencies and theories advanced to explain these adjustments. There is a rather full discussion of the Psychology of Learning, Methods of Rating Intelligence, Learned Mental Disorders and Mental Hygiene.

Undoubtedly the book gives all necessary information and is extremely interesting.

Food for the Diabetic, by Mary Pascoe Huddleson, consulting dietitian, with an introduction by Nellis Barbes Foster. M.D., assistant professor of medicine at Cornell University Medical School, and associate physician, New York Hospital. Second edition, revised; 78 pages. Published by the Macmillan Co., New York. Price $1.40.

The purpose of the book, as outlined in the preface, is "to give diabetic patients, briefly and in simple language, the information of the nature of their disease from a dietetic standpoint, that is necessary in order to carry out their physician's directions."

Section 1 gives a set of rules to be observed by the diabetic patient. This is followed by a brief explanation of the nature of diabetes, the use of foods in the body, the fuel values of foods, and the energy requirement of the body.

Sections 5 to 7 deal with the treatment of the disease and its complications, the equipment necessary for measuring foods and the method of calculating the food expressed and should be very easily understood.

The tables given in section 8 show the amounts in grams and ounces of different foods which give an equal quantity of carbohydrate, of protein and of fat. These tables are of practical aid to the patient in substituting foods to give variety to the diet.

In the chapter on menu planning, three sample menus are calculated from given prescriptions using grams, ounces and tablespoons for measuring. Suggestions are given for making plain food more attractive, and the addresses of reliable firms are given from which recipes and commercial diabetic food may be obtained.

The recipes and methods of preparation which form the largest part of this section are very clearly explained. Sections on Urine Examination, Suggestions for the Prevention of Diabetes, and Directions for the Hypodermic Administration of Insulin complete the volume.

On the whole, this book is an excellent guide for the diabetic patient and a help to the physician in his instruction of the patient.

A revised edition of the pamphlet entitled, "The Organization of a Public Health Nursing Service," has been published by the American National Red Cross, Washington, D.C.

The pamphlet outlines in detail the method of procedure in organizing a public health nursing service when undertaken by a Red Cross Chapter. The table of contents includes such topics as: The scope of Red Cross public health nursing, the principles governing such work, the national and chapter administration of Red Cross public health nursing together with suggested methods of finance. Consideration is also given to the problems involved in the appointment of a public health nurse.

Of particular interest are sections 2 and 3, the former indicating the varied activities undertaken by Red Cross nurses, and the latter the relation of their work to health authorities and physicians.

The material presented is well organized and covers a field about which comparatively little has been written. For that reason, if for no other, it is recommended for the consideration of all nurses undertaking the organization of a public health nursing service, irrespective of whether that service be under private or public control.

News Notes

ALBERTA

CALGARY

Quite a number of graduate nurses attended the Refresher Course held in Edmonton, May 7th to 11th.

Miss McKittrick, of the Victorian Order of Nurses staff left recently for her home in Ontario.

Miss Arnold has returned to the city, having resigned her position in the Claresholm Hospital.

Miss Lord and Miss Loree have been taken on the staff of the Hanna Municipal Hospital at Hanna.

Miss Cameron has been appointed night supervisor in the Coleman Hospital.

Miss Morkin was called to her home in Edmonton on account of the illness of her mother.

EDMONTON

The Edmonton Graduate Nurses' Association, with Miss B. A. Emerson as president, is being made very interesting and educative, as each month there is some special feature besides the business meeting. At the February meeting the topic was Current Events, and each member was asked to tell a story or have some item on nursing. Several interesting notes were given. At the close sandwiches, cake and tea were served. At the March meeting Miss Russell, assistant librarian at the University of Alberta, gave a most interesting talk on her trip to England on a cargo boat, via the Panama Canal, taken in the summer of 1925. At the April meeting Dr. McAllister, superintendent at the School for the Mentally Deficient, Red Deer, Alta., gave a most instructive talk on Mental Deficiency.

Miss Belle Raymond, R.N., formerly of the Edmonton Welfare Department, is taking post-graduate work at the Women's Hospital, New York.

Miss Olive Ross, R.N., has gone to Fort McMurray to take charge of an outpost hospital.

A large number of nurses took advantage of the Refresher Course for nurses at the University of Alberta, May 3, 4, 5, 6, 7, 1926, when lectures on the following subjects were given:—Bacteriology (5), Dean Rankin; dermatology (5), Dr. Harold Orr; pathology (5), Prof. J. J. Ower; psychiatry (5), Dr. H. H. Hepburn; psychology (3), Prof. MacDonald; orthopaedics (2), Dr. H. Mewburn; book discussion (2), Mr. D. E. Cameron, librarian; teaching methods in practical nursing (3), Miss M. M. Black, instructor, University Hospital.

MEDICINE HAT

The graduation exercises for the 1926 class, Medicine Hat General Hospital, were held in the Oddfellows' Hall on April 26th, when the following nurses received their diplomas: Misses E. Watson, J. Cartier, J. Fenton, E. Patterson, E. Ford, J. Jardine, M. Hall, M. Mullen.

Mr. J. J. Jones (president of the Board of Directors) presented the diplomas, while Miss C. Auger, superintendent of nurses, presented the graduation pins. Prize-winners were as follows: General Proficiency and Surgery, Miss Watson; Practical Work, Miss Patterson; Obstetrics, Miss Fenton. The prizes were presented by Mayor Bullivant. Dr. H. C. Dixon administered the Florence Nightingale pledge, and pointed out the characteristics of a good nurse. The Rev. Mr. McGowan addressed the graduating class and emphasized the ideals and sacrifices of a nurse's life, referring to Florence Nightingale and Edith Cavell as the highest types of womanhood. Several musical numbers added to the enjoyment of the evening. This year the Board of Directors gave a prize to the nurse obtaining the highest marks in the intermediate and junior classes. The intermediate prize was won by Miss V. Peers and the junior by Miss C. Seafoot. After the exercises dancing was enjoyed for a few hours, followed by supper.

Miss C. Watson, 1926, has accepted a position in the Kohler Hospital, Rochester, Minn., and expects to leave for there shortly.

Miss E. Cartier left recently to visit relatives in San Francisco.

Miss Alice Gillies, 1923, who recently had an operation in the Dan Harlem Hospital, Lethbridge, is progressing favourably.

Miss J. Fenton, 1926, left for her home in Edmonton immediately after the graduation exercises.

Miss Retta Reid, 1925, has accepted a staff position at the Dan Harlem Hospital, Lethbridge.

Miss E. Ford, 1926, leaves shortly for Detroit, Mich.

Miss M. I. Murray, 1925, is in charge of the transfusion room, Kohler Hospital, Rochester, Minn.

BRITISH COLUMBIA

The fourteenth annual meeting of the Graduate Nurses' Association of British Columbia took place Easter Monday and Tuesday, April 5th and 6th, 1926, at the Vancouver General Hospital, Vancouver;

the president, Mrs. Johnston, presided at all general meetings.

The morning of April 5th was taken up with sectional meetings of the three committees—Public Health Nursing, Private Duty Nursing and Nursing Education—with the conveners, Miss M. E. Morrison, R.N., Miss M. Mirfield, R.N., and Miss K. W. Ellis, R.N., presiding. Papers on The Needs of the Pre-School Age Child from the viewpoint of (a) The Child Welfare Nurse, Miss A. Croll, R.N.; (b) The District Nurse, Mrs. E. Calhoun, R.N., and (c) The School Nurse, Miss M. Campbell, R.N., were given to the Public Health Nursing Committee members.

Miss Ellis had the chair at the Nursing Education Committee session, when a business meeting and a round table filled the allotted time.

The Private Duty nurses held their meeting under the chairmanship of Miss Maud Mirfield, R.N., when, after a business meeting, Mrs. C. H. Beckett, secretary of the Alexandra Orphanage, spoke of the work done by that organization.

The first general session was held at 2 p.m., when addresses of welcome were given by Dr. Gillespie, president of the Vancouver Medical Association, and Miss K. W. Ellis, R.N., president of the Vancouver Graduate Nurses' Association, and replied to by Miss Jeffares, R.N., of Duncan.

The president, Mrs. Johnson, in her address gave a short history of registration in the province, and spoke of the work done by the association.

Reports from secretary, treasurer, registrar, inspector of training schools, and from the standing committees, with special reports from the Memorial, Scholarship, Canadian Nurse and Affiliation committees were then read.

The result of the ballot sent out regarding the raising of the annual fee to $2.00 was given as 294 in favour, 89 against.

The recommendation of the council, which met previous to the afternoon general meeting, that the registrar be paid for full-time work was adopted.

At the conclusion of this session, tea was served in the Residence of the Vancouver General Hospital, by the staff and Alumnae Association of the hospital.

A very large attendance marked the evening meeting, which opened with the singing of "O Canada." Mrs. Johnson read a message from Miss Jean Wilson, sending best wishes to the association.

Papers:—"The Surgical Treatment of Tuberculosis," by C. S. Purvis, M.D., of New Westminster; "The Nurse as the Interpreter of Public Health," by Mrs. E. Soule, R.N., executive officer, Department of Nursing, University of Washington, Seattle; and "The Abolition of Disease," by H. W. Hill, M.D., with two solos by Misses Diamond and Margaret Kerr concluded the evening's programme.

Tuesday's session opened at 10 a.m. with a round table on Parliamentary Procedure, by His Honour Mr. Justice Aulay Morrison, who answered many questions.

The remainder of the morning was taken up with business not completed the day before.

At 2 p.m. the afternoon meeting came to order and listened to addresses from Dr. Wallace Wilson, on "Blood Transfusion," and "Modern Movements" by Mrs. Stuart Jamieson, president of the Parent-Teacher Association of Vancouver.

Demonstrations of nursing procedures were given by nurses of the Vancouver General Hospital.

Votes of thanks were passed to all who had made the meetings so interesting, and the president, Mrs. Johnson, declared the meeting closed after the singing of the National Anthem.

The members were invited to inspect and have tea at the Infants' Hospital, Haro Street, where Miss Marsden, R.N., entertained them.

A very large number of members attended the banquet held at the Ambassador Cafe on Tuesday evening, when Mrs. Harrison, R.N., president of the Washington State Nurses' Association, spoke on "The Opportunities of the Nurse."

VICTORIA

The graduation exercises of the class of 1926 of St. Joseph's Hospital were held on Thursday evening, April 8th, in the auditorium of St. Ann's Academy. After a pleasing musical programme rendered by leading local artists, the medals and diplomas were presented by the Rev. Thomas O'Dunnell, Bishop of Victoria, and the Sister Superior of the hospital to the following graduates: P. D. Tivine, Revelstoke, B.C.; K. F. Hills, Alberni, V.I.; A. Stroulger and H. Harriess, Duncan, V.I.; C. Barton, Coalmount; M. V. Rowlands and E. Homfray, Kamloops; G. Hooper, Druid, Sask.; D. J. Grubb, Victoria; C. E. Whitehead, Kelowna; E. M. Ponsford, Parksville; J. Schumacher, Revelstoke; M. Neff, Shaunigan, V.I.; M. Hardiman, Victoria; B. Hare, Dewsbury, Yorks., Eng.; E. M. Olsen, Victoria; M. Ringshaw, Victoria; E. O'Reilly, Calgary, Alta.; E. M. Wheatley, Nanaimo, V.I.

Medals were also awarded to Miss D. Lambert, class 1924, and to Miss M. V. Rowlands, 1926, for post graduate in X-Ray, and to Miss H. Cody-Johnson for the special course in Laboratory Technique. Bursaries were awarded to Miss E. O'Reilly, for highest scholastic standing; for most efficient first year nursing to Miss Frances Browne, and for most efficient second year nursing to Miss Winnifred Calvert.

After the presentation was completed the exercises were concluded by the reading of the valedictory by Miss Eleanor Whitehead, and the singing of the school song. His Honour the Lt. Governor, Randolph Bruce, who with Miss Helen Mackenzie attended the graduation exercises, then visited Miss M. Hardiman, a member of the class 1926, who was confined to the hospital through illness and presented her with her medal, diploma and flowers.

On Monday, April 12th, Mrs. Angus Campbell entertained the class of 1926 to dinner at the Empress Hotel, after which they went on to the dance given in their honour by the Alumnae at Alexandra Hall.

Miss Smart, 1924, and Miss Spurr, 1925, have recently accepted positions on the staff of the Sanatorium at Tranquille, B.C.

Miss Devereaux, 1925, has returned from a six months' visit to New Lake, where she found nursing conditions very good. She is now engaged in private duty nursing in Victoria.

Miss E. M. M. Hartley, 1925, is taking a post graduate course at the King George Hospital for Infectious Diseases at Winnipeg, Man.

Miss E. M. Wheatley, 1926, is on the staff of the General Hospital, Cumberland, V.I.

Miss L. M. Hartley, 1924, Miss Helen Mackenzie, 1925, and Miss H. M. Devereaux, 1925, are doing staff duty at the Sutter Hospital, Sacramento, California.

Miss L. M. Stocks is in charge of the General Hospital, Quesnelle, B.C., and Miss D. E. Pearson is on the staff.

Miss Riddell, 1923, who recently accompanied a patient to New York, via Panama, is now spending several months in California.

Miss Oliver, who recently resigned from the staff of the Cumberland Hospital is doing private duty nursing in Victoria.

Miss Fairhurst, 1925, and Miss Roblin, 1922, are on the staff at the General Hospital, Dawson, Y.T.

Miss Quinn and Miss Brown, 1924, are both on the staff at St. Ann's Hospital, Juneau, Alaska.

VANCOUVER

At the regular meeting of the Military Nursing Sisters' Club on Tuesday, April 21st, it was decided to purchase a share in the Women's Building, and thus ally the club with other women's organizations of the city which are behind an effort to provide a building and auditorium where meetings and public functions may be held. The building is already completed.

A Bridge tea was held at the Ambassador on April 24th by the club. Twenty tables were playing and a very delightful time was enjoyed by those attending. The prize, a pair of silver candlesticks, was won by Mrs. J. M. MacDonald.

Mrs. Shepperd (N/S Hamilton) and N/S Conway-Jones have invited the club to hold the annual picnic, to be held on the third Saturday in July, at their place on Lulu Island again this year.

Friends of N/S Jane Johnston will be pleased to know that she is steadily recovering from an illness which has kept her in the Vancouver General Hospital for some time.

N/S Helen Stewart (Hasty) returned from California this week.

Matron Jean Matheson, of Shaughnessy Hospital; N/S Mary MacLane, and N/S E. Cameron have been asked by the Vancouver Graduate Nurses' Association to act as delegates at the unveiling of the Memorial in Ottawa in August.

N/S L. Baker has gone to Smithers to take charge of the hospital there.

N/S Grace Benton, now Mrs. Gamble, of New Zealand, passed through Vancouver on her way home, after having visited her former home in Nova Scotia.

MANITOBA

BRANDON

The annual meeting of the Brandon Graduate Nurses' Association was held in the Prince Edward Hotel on the 4th of May and was the occasion of a banquet at which the 1926 graduating class were honour guests. Sixty-seven nurses were present. The tables were prettily decorated with flowers, favours and tall tapers in mauve and white, the colours of class 1926. The reports of the year's work were received with interest and enthusiasm, the programme having proved successful professionally, socially and financially. Special reference was made to the début of the Association in amateur theatricals last October when the "Rejuvenation of Aunt Mary" was successfully staged and resulted in a cheque for $600 being presented to the children's ward for a sun gallery. Appreciation was expressed of the splendid co-operation of the doctors on this occasion, the whole caste being composed of doctors and nurses of the city. After the transaction of the necessary business an interesting programme followed, including toasts to "the King," "the Graduating Class," proposed by Mrs. Pierce, responded to by Miss F. Conley; "the Graduate Nurses' Association," proposed by Miss Thomas, of class 1926, responded to by Mrs. Darrach. Delightful musical numbers were rendered by Mrs. Bain and Miss M. Hooper; also community singing of appropriate parodies composed by Miss M. K. Finlayson proved most entertaining. Mrs. Fletcher Argue, of Winnipeg, was the guest of the Association on this occasion and delivered a most

inspiring and impressive address on the problems, opportunities and responsibilities which confront the nurse today, emphasizing the need of spiritual development in order to cope with the evident materialism of the present age. Appreciation was expressed of the efforts of the retiring executive, and the new executive welcomed to their offices. Mrs. R. Darrach was appointed to represent the Association at the unveiling of the memorial in Ottawa next August. After the singing of "O Canada" the meeting adjourned until September.

Miss R. McCulloch has returned from an extended visit to Scotland, necessitated by the death of her mother.

Miss B. Chapman, operating room supervisor, Brandon General Hospital, and Miss E. Lamb, of the Bigelow Clinic, have resigned their positions to take up ranching near Ponoka, Alberta.

Mrs. S. Pierce entertained at a delightful informal luncheon in honour of Mrs. Fletcher Argue, who was her guest during her stay in Brandon.

Miss Harriet Meadows is convalescing from an appendectomy performed at the General Hospital recently.

ONTARIO

FORT WILLIAM AND PORT ARTHUR

A special meeting of the Thunder Bay Graduate Nurses' Association was held on April 27th at the Nurses' Home of the Railway, General and Marine Hospital, Port Arthur, when more than thirty members were present. Miss Jane Hogarth, of Fort William, the association's delegate to the Convention of the Registered Nurses' Association of Ontario, held in Belleville at the beginning of April, presented her report in a most able and comprehensive manner. Following the tenets of this report, and on the information that all other Graduate Nurses' Associations of the Province of Ontario had taken similar action, the Graduate Nurses' Association of Thunder Bay voted its disbandment. It was then voted that reorganization be effected as the 10th District of the Ontario Registered Nurses' Association, which district includes Kenora, Rainy River and Fort Frances, with the twin cities at the head of the lakes. Those immediately available for membership are the graduate nurses from any hospital located in the Province of Ontario; graduates from other provinces or elsewhere, residing in the province, will be classed as "Associates." Mrs. C. S. Langille, the president of the Thunder Bay Graduate Nurses' Association, having graduated in Manitoba, resigned from office so that at the June meeting the new "Thunder Bay Registered Nurses' Association, Thunder Bay Branch," will be free to elect a new slate of officers. Mrs. Langille was tendered a sincere and hearty vote of thanks for her valuable services in the chair during the past year. Miss F. Gerry was nominated as a delegate to the biennial meeting, Canadian Nurses' Association, in Ottawa, in August.

Miss Doris Dow, Reg.N., who was recently called home because of the illness of her mother, has returned to her duties at Tarrytown, N.Y., U.S.A.

OTTAWA

A meeting of District No. 8, Ontario Registred Nurses' Association, was held on May 12th at the Nurses' Home of the Ottawa Civic Hospital.

The meeting opened at 9.30 with a short business session, followed by:

1. A talk on the Use of Models in Teaching Anatomy: Miss Nora Nagle.
2. An hour in the Class Room: Nursing Principles and Practice: Miss Gibson and Pupils of the Preliminary Class.
   (a) Placing patient up on head rest.
   (b) (1) Ether bed; (2) Receiving patient from operating room; (3) Administration of rectal medication to ether patient.
   (c) Application of turpentine stupe.
   (d) Colon irrigation.
   (e) Turning mattress with patient in bed.
   (f) Steam tent.
   (g) Preparation of convalescent patient for porch or roof garden.
   (h) Exhibition of treatment trays and dressing carriage.
3. Exhibition and talk on special diet trays: Miss Naismith.
4. Maternity department, 3rd floor of hospital, Demonstrations: Miss Thompson.
   (a) Technique for perineal dressing.
   (b) Application of scultetus binder.
   (c) Breast technique.
   (d) Demonstration of manual expression and the use of the electric breast pump.

Luncheon, Tyndale Inn; speaker, Miss Elizabeth Smellie.

The following made up the afternoon programme:

1. Short demonstration on Approach to Family by the District Nurse: Miss Ahern.
2. An Address—Mental Hygiene: Dr. Helen MacMurchy.

There was a large attendance of members at these two interesting, instructive sessions, following which the various departments of the hospital were visited.

Miss Nora Nagle, who has been Theoretical Instructor, temporarily, at the Ottawa Civic Hospital, is leaving at the end of June to continue her course at Columbia University. Miss Nagle's successor has not yet been appointed.

ST. CATHARINES

At the home of Mrs. E. J. Buckley, 1217 Victoria Ave., Niagara Falls, Ont., a very pretty wedding took place on April 6th, when Miss Jeanette Griffiths (Mack Training School, 1925), and the Rev. William Adams were united in marriage. The Rev. Mr. Carr officiated, assisted by the Rev. Mr. Bluter, of Niagara Falls. Later in the day the Rev. and Mrs. Adams left for Syracuse, N.Y.

TORONTO

Hospital for Sick Children

The April meeting of the Alumnae was held in the residence, the president (Mrs. Langford) in the chair, and was of especial interest to all, the programme taking the form of a lecture by Dr. E. Gallie on Living Sutures, illustrated by lantern slides. Dr. Gallie's presentation of this very interesting subject was listened to with close attention, and a hearty vote of thanks was given to him for his kindness in lecturing to the Alumnae. Some delightful songs and piano solos followed, and refreshments closed a most interesting and largely attended meeting. The president and the programme committee are to be congratulated on the success which has attended the printing of the programme for the entire year, instead of sending out cards for each meeting as formerly. Never have the Alumnae meetings been so interesting or so well-attended as in 1925-1926. Literature, music and medical knowledge have been distributed with an impartial hand, and have been much appreciated by the members.

An interesting innovation at the Hospital for Sick Children has been an intensive course of lectures in both medicine and surgery to the members of the Alumnae Association. These lectures have been given on successive nights in the lecture theatre of the hospital, which has been literally packed for each set of lectures: not only by the graduates but also by the public health nurses. The giving of these lectures was made possible by the initiative and foresight of Miss Panton, the superintendent, herself a graduate, and to the kindness and interest of the doctors and surgeons, who gave willingly of their time and knowledge. The demonstrations staged by the house surgeons and the hospital nursing staff were of special interest, and the Alumnae would like to put on record their appreciation of this short course and their hope that it will be repeated again next year. The course was as follows:

April 15th—Dr. Edmund Boyd: Conditions causing difficulty in breathing and swallowing. Dr. D. E. Robertson, Pyloric Stenosis: Hibbs' operation. Haemorrhage of the new born. Demonstration—A Blood Transfusion.

April 22nd—Dr. Erb: Protein Skin Tests; Dr. Lowery: Strabismus in Children; Dr. Rolph: Enlarged Thymus—lantern views; Dr. Boyer: Neurological Topics.

April 29th—Prof. Fred G. Banting: Diabetes; Dr. Gladys Boyd: Treatment of Coma Caused by Diabetes; Dr. R. I. Harris: Burns, Tannic Acid Treatment; Dr. Fred Tisdail and the staff of the Infant Ward — Demonstration — Modern Treatments.

Toronto Western Hospital

Miss Ruth Welstead has returned to Toronto after spending the winter in Miami.

Mrs. Barnes (Mabel Wolcott, 1920), of Regina, called at the hospital on her way to Bermuda, where she will spend six months.

Mrs. Elizabeth Duff, 1920, has taken the position of operating room supervisor at Brantford General Hospital.

Miss Lois Banting, 1925, has resigned from the staff of the Toronto Orthopaedic Hospital and is doing private duty nursing.

Miss Bessie Hamilton, 1924, who recently underwent an operation in the Toronto Western Hospital, is recovering.

Her many friends will be pleased to learn that Miss Violet Bishop, 1919, is around again after her long illness.

The regular monthly meeting of the Alumnae Association was held in the Assembly Room on Tuesday, May 11th. The Rev. M. C. MacLean was the speaker for the evening and gave a very interesting address on social welfare work.

QUEBEC

MONTREAL

Children's Memorial Hospital

On April 23rd the members of the graduating class were the guests of the Alumnae Association at dinner at the Queen's Hotel, when fifty members were present. The toast "the King" was proposed by Mrs. C. H. Moore; other toasts were proposed as follows: Children's Memorial Hospital, Miss Laite; the Graduating Class, Miss Kinder, responded to by Miss Monks and Miss Tennant; Out-of-Town Graduates, Miss Hillyard: Absent Friends, Mrs. Rhea. A short talk on the history of the hospital was given by Miss Davidson.

The Graduation Exercises for the Class of 1926 were held in the School for Crippled Children on April 30th. Ten nurses received their diplomas, which were presented by Mrs. C. H. Moore, President of the Alumnae Association. Miss E. Tennant was awarded the prize for the highest marks attained, and Miss G. Murray (nurse in training) received a special prize for the highest marks obtained in Dietetics. The prizes were presented by Dr. K. Cameron; Dr. H. B. Cushing was

Chairman, and Dr. Leslie Pidgeon addressed the members of the class. Later a reception was held.

On May 1st, the members of the Alumnae Association gave a very enjoyable dance in the School for Crippled Children.

Montreal General Hospital

A miscellaneous shower was given by Miss M. M. Pharoah for Miss Anna Mac. Kay, prior to her marriage in June.

Miss Olive Edgar, 1925, has resigned her position as industrial nurse at Belleisle, Newfoundland, owing to illness.

Miss Annie MacFie, 1919, has recently taken a position on the staff of the Shawinigan General Hospital, Shawinigan, P.Q.

Miss Ethel McDunnough has been engaged on the staff of the Dental Department of the M.G.H.

Miss Hannah Stack, 1919, has taken a position at Deer Lake Hospital, Humber, Newfoundland.

Miss Margaret Cowie, 1924, is doing floor duty at the Royal Victoria Hospital.

Mrs. Gladys Ramsay, 1920, who has been engaged in floor duty at the Medical Arts Hospital for the past year, is now doing private duty nursing.

Miss Winnifred Shaver, 1925, has returned from her home in Dundas, Ont., to begin private duty nursing in Montreal.

The sympathy of the members is extended to Miss Jessie Dunlop, 1922, in the loss of her mother, and Miss Elsie Lefrancois, 1924, in the loss of her mother and brother.

Miss Isabel Symonds, 1919, has resigned her position in the Dental Department of the M.G.H. to take up work in McGill Nursery School of Child Psychology.

Miss Marion Ives, 1924, who has spent two years in Dr. Grenfell's Hospital at St. Anthony, Newfoundland, will return to her home in Montreal in the early autumn.

A dance of thirty-five couples was given by some of the Alumnae Association members at the Nurses' Club in the last week of April. It is understood there is to be another before the end of the season.

Miss Elizabeth O'Dell, superintendent of Evanston Hospital, Evanston, Ill., spent a short holiday at her home in Montreal on her way to attend the biennial meeting of the American Nurses' Association, held in Atlantic City in May.

Misses Janet Wainwright, Lucy White, and Amy Des'Brisay were among several delegates appointed from the Montreal Graduate Nurses' Association to attend the biennial meeting of the Canadian Nurses' Association in Ottawa, the last week of August, 1926.

The marriage of Miss Evelyn Grandmaison, 1923, daughter of Mrs. A. Grandmaison, of Montreal, to Mr. John Rolland Turcotte, of Three Rivers, P.Q., will take place on June 28th, 1926.

The engagement is announced of Dorothy Golding, 1920, eldest daughter of Mr. and Mrs. William Golding, of Simcoe, Ont., to James Herbert Dixon, also of Simcoe. The marriage will take place late in the autumn.

Mr. and Mrs. S. B. Ewing, of Bedford, P.Q., announce the engagement of their daughter Grace Esther, 1925, to William Robert Dorman, of Rock Island, P.Q. The marriage will take place on June 30th, 1926.

Mr. and Mrs. H. M. Journeay, of Weymouth, N.S., announce the engagement of their eldest daughter, Daisy Eleanor, 1922, to Leonard Christopher Rudolph, of Annapolis, N.S. The marriage will take place early in September, 1926.

Royal Victoria Hospital

Miss Annie Bulman, 1919, has joined the Victorian Order of Nurses, Montreal, and Miss Olive Primrose, 1925, has joined the Order at Toronto.

Many friends will be pleased to welcome back to Montreal Dr. and Mrs. A. H. Young (Norma Macfarlane, R.V.H., 1921), Dr. Young having recently accepted an appointment on the staff at R.V.H.

Miss Cassie Smallman, 1926, has been appointed first assistant in the Out Patients Department.

Miss A. Y. Sutherland, Miss M. MacLellan, Miss Helen Rogers and Miss Jean McKibbon expect to sail early in the summer for England.

The Western Hospital

Miss Crossley, 1913, has accepted a position as nurse-technician in charge of the X-Ray Department of the Winchester Hospital, Winchester, Mass.

Miss Mabel Reyner, 1914, is doing tuberculosis nursing at the Royal Edward Institute, Montreal.

Mrs. Herbert Caldwell (Eleanor Fowler, 1921) of Iroquois, Ont., has been visiting friends in Montreal.

Miss Viola Lucas, 1922, and Miss Phoebe Crawford, 1923, have recently joined the Victorian Order of Nurses. Miss Crawford was formerly on the staff of the Medical Arts Hospital, Montreal.

The marriage of Miss Anne Scullin, 1922, to Dr. Frank Murphy took place on December 28th, 1925, at St. Anthony's Church, Montreal. Dr. and Mrs. Murphy are residing at Swan's Island, Maine, U.S.A., where Dr. Murphy is practising.

Miss Perrault, 1911, who is engaged in S.C.R. work at Ottawa recently visited Montreal.

Miss Marjorie Reyner, 1920, has returned from Florida, having recovered from the effects of a recent illness, and has resumed her position as assistant superintendent of the Montreal Maternity Hospital.

By the death of Miss Hubertha Chagnon, who passed away on March 12th, 1926, after a very short illness, Montreal has lost one of its foremost social workers: a worker who gave unhesitatingly of her time and skill to her duties; one whose heart was full of true sympathy toward the needs she encountered in her charitable work.

Miss Chagnon was born on July 8th, 1892, in Montreal, the daughter of Hubert Chagnon. At the age of seven her family moved to St. Boniface, Man., where she received her early education from the Sisters of Jesus and Mary, who presented her with a Diploma Laureate in music. After teaching music for some time in the West, she returned to Montreal in 1911, where she found new duties to perform. After following a course in Pharmacy at the University of Montreal, she entered the training school for nurses at the Hotel Dieu at the age of 21, graduating in 1918. At first she did private duty nursing, affiliating later with the Victorian Order of Nurses, then joined the staff of the Municipal Bureau of Hygiene in Montreal. After gaining much knowledge for her future work in the employ of the Metropolitan Assurance Company, she took a course in public hygiene given at McGill University, for which she received a scholarship. Graduating in 1924, she took up her duties with the Child Welfare Association. In October of that year Miss Chagnon was appointed to the direction of the Social Service Bureau of the Bruchesi Institute, founded in 1911. It was in this capacity she was to give her great service to mankind, combating tuberculosis with enthusiastic ardour, coupled with her natural qualities of initiative and activity.

During this time she took an active part in the associations connected with her work. She was secretary of the Alumnae Association, School for Graduate Nurses, McGill University; was active in the organization of the provincial association of registered nurses and in connection with the special legislation necessitated, and organized the anti-tuberculosis dispensaries in Montreal and vicinity.

Her many duties and her willingness and unselfishness in their fulfilment sapped the reserve strength she needed to recover from a surgical operation, and thus one more tireless worker has given her life that others may live.

QUEBEC

A most enjoyable function was held at the Jeffery Hale Hospital on Thursday, April 8th, 1926, when the Alumnae Association gave a bridge party to raise funds for the work of the hospital. Bridge was played at sixty tables, over two hundred and fifty people being present. There was a prize for each table and during the evening flowers and candies were sold. There was also a fish-pond, and various valuable articles donated by different people were sold by auction. At the supper hour refreshments were served. The whole affair was a great success.

SHERBROOKE

Graduation exercises were held at the Sherbrooke Hospital on April 22nd, 1926, when seven nurses received their pins and diplomas. The function was held in the Nurses' Home, which had been prettily decorated for the occasion. After the invocation by the Rev. Canon Bigg, and an address by Mr. W. E. Paton, president of the hospital board, the diplomas and prizes were presented.

The prizes were won by the following: Mrs. A. Dyson—President's prize for the student who has shown the most interest in upholding the standards of the hospital and training school. Mrs. M. H. Hyatt—Dr. Lynch's prize for the student doing the best work in surgery; Miss E. B. Clark—Dr. Gordon Hume's prize for the student doing best practical work in wards; Miss Jean Tendon—Dr. J. B. Winder's prize for student obtaining highest marks in year; Miss V. K. Beane—Miss Dorothy Sievright's prize for general proficiency. The Florence Nightingale pledge was then taken by the new graduates, who were addressed by Dr. W. W. Lynch, representing the medical board. In the evening a dance was held in the Masonic Hall for the new graduates. The following is a list of the new graduates: Misses Olive G. Harvey, Black Lake, P.Q.; Christine J. McLeod, Milan, P.Q.; Verna K. Beane, Waterville, P.Q.; Bertha S. Boyd, Barre, Vt., U.S.A.; Evelyn B. Clark, Lewvan, Sask.; Rhena J. Wark, Lennoxville, P.Q.; Mrs. Adele C. Dyson, Richmond, P.Q.

Mrs. Adele C. Dyson, 1926, has entered the Royal Victoria Hospital, Montreal, P.Q. to take a post graduate course in operating room work, after which she will take charge of the Sherbrooke Hospital operating room.

SASKATCHEWAN

SASKATOON

Miss Louise Noble, Reg.N., a graduate of the Montreal General Hospital and president of the Saskatoon Graduate Nurses' Association, is recovering from an operation at the City Hospital and her many friends hope she will soon be well and able to resume her duties.

Miss Ella Sanderson, St. Paul's Hospital, 1925, and Miss A. Pickell, Victoria Hospital, Prince Albert, Sask., both of whom were members of the Sanatorium nursing staff here until recently, have accepted positions on the staff of the Roseland Community Hospital, Chicago, Ill., and commenced duties there in April.

The annual meeting of the Saskatoon Graduate Nurses' Association was held on April 5th, in Dr. C. K. Langford's office. The following officers were appointed: president, Miss Louise Noble; 1st vice-president, Miss B. Hawke; 2nd vice-president, Mrs. C. G. Calder; secretary, Mrs. W. O. Heddle; treasurer, Miss M. Hageman; councillors, Misses. E. E. Love, A. M. Stoker, R. L. Smith, Margaret Cameron, Mrs. C. W. Doran, Mrs. R. D. Roberts; representative The Canadian Nurse, Miss H. E. Fawcett; conveners of committees, sick and flower, Mrs. H. N. Lamont; social and programme, Mrs. Burns; ways and means, Mrs. Roberts; local council of women, Miss L. Noble; child welfare, Miss E. Grant.

The Five-Year Course at Antigonish

An important event in the history of nursing in Eastern Nova Scotia is the arrangement that has been entered into between St. Martha's Hospital and St. Francis Xavier's College, whereby the most up-to-date training is made available for nurses of the hospital.

Beginning September, 1926, St. Francis Xavier's College will open up a department of nursing and health which will give courses that will lead to the degree of B.A. Sc. in Nursing. The aim of this course is to afford a broader education than is given by the school of nursing alone, and to equip nurses who desire to fit themselves for teaching and supervision in schools of nursing and for public health nursing service.

This course covers a period of five years. The first two years are devoted entirely to academic work in the college. The instruction imparted to them will correspond in a large measure to the work of the first two years of the Arts course modified to suit their special needs. Students intending to follow this course will be obliged to spend a probationary course of four months in the hospital either at the beginning or at the end of the first year in college.

The third and fourth years will be devoted to professional training in the hospital. In the fifth year the work of the nurses will be devoted in particular to that line of nursing for which they are best fitted. They can take courses that will fit them to act as teachers and supervisors in hospitals and training schools, or they may elect courses that will prepare them for public health nursing or social service work.

Applicants for this course must possess a Junior Matriculation, i.e., they must have completed work equivalent to that of the first three years of the High School course, or more specifically, the completion of the work of Grade XI of the Nova Scotia curriculum.

(The Halifax Chronicle, May 3, 1926)

Canadian Nurses' Association

The convener of the Committee on Arrangements advises all nurses coming to Ottawa for the biennial meeting, August 23rd to 27th, 1926, to make their reservations very early, direct to the managers of the different hotels.

Hotel Rates

1. Alexandra Hotel, Bank Street—Rates, $4.50 up, American plan. Will not reserve any rooms.

2. Chateau Laurier—European plan only. Single, $3.50 up, without bath; $6.00 up, with bath. Double, $5.00 up, without bath; $7.00 up, with bath.

3. Windsor Hotel, Metcalfe Street—$3.50 up, American plan. Reserve short time before arrival. Will accommodate a large number, either in or out of hotel.

4. Rockminster, 192 MacLaren Street—Rooms only.

5. Y.W.C.A., 133 Metcalfe Street—Can secure a number of rooms.

Questionnaires relative to salaries, etc. were mailed some time ago to the secretaries, provincial associations, for distribution to the conveners of the sections in each province. A number of these completed questionnaires have not been received at the National Office, and in order that the information asked for may be compiled at an early date, all conveners who have not returned the completed form are asked to do so without further delay.

A limited number of copies of the Report, International Council of Nurses' Congress, 1925, are available at the National Office, 609 Boyd Building, Winnipeg, Man. Price 75c a copy plus postage.

BIRTHS

BRIGNALL—Recently, in Toronto, to Mr. and Mrs. Brignall (Luella Reed, Toronto Western Hospital, 1919), a son.

BROOKS—On March 21st, 1926, at Evelett, Mass., to Mr. and Mrs. Rodney Brooks (Lillian Thurber, General Hospital, Medicine Hat, 1923), a son.

DAY—On February 16th, 1926, to Mr. and Mrs. W. R. Day (Gladys Nora Noble, Saskatoon City Hospital, 1922), of Souris, Man., a son (Richard Webster).

DRYNAN—On April 22nd, 1926, at Fort William, Ont., to Mr. and Mrs. J. Drynan (Hannah Marsden, McKellar General Hospital, Fort William, Ont., 1915), a daughter (Agnes).

HOWE—On April 27th, 1926, at the River Side Nursing Home, Sault Ste. Marie, to Mr. and Mrs. O. R. Howe (May Marshall, General Hospital, Sault Ste. Marie, 1923) of Sudbury, Ont., a son.

KINSMAN—On April 20th, at Wolfville, N.S., to Mr. and Mrs. Robert Kinsman (Beatrice Worthy, General Hospital, Medicine Hat, 1923), a daughter.

MACKAY—On April 15th, 1926, to Mr. and Mrs. Robley Mackay (Frances Clarke, Royal Victoria Hospital, 1924), a daughter.

PICKWORTH—On February 12th, 1926, at Woodhaven, N.Y., to Mr. and Mrs. Pickworth (Josie Cameron, Toronto Western Hospital, 1919), a daughter.

RYLEY—Recently, at Windsor, Ont., to Mr. and Mrs. D. G. Ryley (Bertha Hockens, Hospital for Sick Children, Toronto, 1921), a son.

SHRINER—On February 17th, 1926, at Detroit, Mich., to Mr. and Mrs. K. A. Shriner (Doris Owen, Mack Training School, 1923), a daughter.

UNDERWOOD — Recently, at Medicine Hat, Alta., to Mr. and Mrs. P. Underwood (Annie Comber, General Hospital, Medicine Hat, 1917), a son.

MARRIAGES

ADAMS — GRIFFITHS — On April 6th, 1926, Jeanette Griffiths (Mack Training School, 1925), to the Rev. William Adams.

FAWNS—GILLESPIE — On April 18th, 1926, at Toronto, Florence Gillespie (Toronto Western Hospital, 1921), to Dr. W. S. Fawns, of Toronto.

HUTCHISON—BRANCH—On April 29th, 1926, at Basseterre, St. Kitts, B.W.I., Melicent Branch (Royal Victoria Hospital, Montreal, 1924), to Dr. Keith Hutchison, of Montreal.

KENDALL—WAY—On February 11th, 1926, at Montreal, Evelyn Way (Royal Victoria Hospital, Montreal, 1916), to Henry Plimpton Kendall.

LINNELL—PANGHORN—On April 24th, 1926, at Stanley Presbyterian Church, Montreal, Jessie Rhoda Panghorn (Royal Victoria Hospital, Montreal, 1920), to Vincent Acworth Linnell, of Montreal.

MATHEWSON — WALLACE — On April 8th, 1926, at Westmount, P.Q., Annie Lyle Wallace (Royal Victoria Hospital, Montreal, 1923), to Clive Mathewson.

McLEOD — MASON — On January 2nd, 1926, in St. Andrew's United Church, Carp, Ont., Claire Jane Mason (Orillia General Hospital, 1921), of Renfrew, eldest daughter of Mr. and Mrs. N. J. Mason, to Arthur McLeod, of Snake River.

DEATHS

HAMILTON—On April 25th, 1926, at Unity Hospital, Unity, Sask., Ethel Maud Hamilton (Saskatoon City Hospital, 1921).

CHAGNON—On March 12th, 1926, in Montreal, Hubertha Chagnon, (Hotel Dieu, 1918), daughter of Hubert Chagnon.

THE CANADIAN NURSE

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